UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
32-RC-212879	01/10/2018					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

(Form NLRB-505); and (3) Descript	ion of Repres	entation Case	Procedures (Form NL					d
with the NLRB and should <u>not</u> be s	served on the	employer or ar	y other party.				57	
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Relai	esires to be certifi	ied as representati	ve of the employees. The	Petitioner alleges th	nat the fol	llowing	circumstances exist and	
2a. Name of Employer		2b. Ad	ddress(es) of Establishmen	t(s) involved (Street a				
Community Service Solutions		26 H	FU Circle #1, Colevill					
3a. Employer Representative – Name and			3b. Address (If same as					
Amanda J. Hoover, Deputy Direct	tor		P.O. Box 346, Cole	eville, CA 96107				
3c. Tel. No. 530-495-2700	3d. Cell No.		3e. Fax No.			lahoov	erCSS@gmail.com	
4a. Type of Establishment (Factory, mine, v Nonprofit	vholesaler, etc.)	4b. Principal pro In-Home Sup	oduct or service oportive Services			ono Co	nd State where unit is located ounty, California	
5b. Description of Unit Involved	V200 9960	10 7000 Full	ber brit Hat	69 600			6a. No. of Employees in Unit	į
Included: All In-Home Supportive Se	rvices providers	s employed by the	ne above-named employ	yer as employer of	record for	U _	22	(0.00/
Mono County, California. Excluded: All other employees. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the								the
							Petitioner? Yes ✓ No	
<u> </u>	(Date)	(If no reply receive				er declir	ned recognition on or about	
8a. Name of Recognized or Certified Bar None.				ooranioanon ander are	7101.			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Ma	ail Addre	ess	
8g. Affiliation, if any	8h. Date of Recognition of	or Certification 8i. Expiration Date of Current or Most Re Contract, if any (Month, Day, Year)				t		
Is there now a strike or picketing at the E (Name of labor organization)			? No. If so, approx				icipating?	
							ather are significant and indivi-	lational a
 Organizations or individuals other than known to have a representative interest in a None. 					nesentativ	res anu	other organizations and indivi	iduais
10a. Name	10b. Ad	dress		10c. Tel. No.			10d. Cell No.	
				10e. Fax No.			10f. E-Mail Address	
 Election Details: If the NLRB conducts any such election. 		Since 22. Oct. 11 Act 40. Oct. 200. 40. 40.	ur position with respect to				Mail Mixed Manual/N	//ail
11b. Election Date(s): January 30, 2018	N/A	lection Time(s):		11d. Election Location(s): N/A				
12a. Full Name of Petitioner (including lo United Domestic Workers of America (UD	W), AFSCME L	ocal 3930		4855 Seminole Dri			ty, state, and ZIP code) DA 92115	
12c. Full name of national or international la American Federation of State, County, and				nt (if none, so state)	~			
12d. Tel No. 619-263-7254	12e. Cell No.		12f. Fax No. 619-263-7899		12g. E-N	Mail Add	Iress	
13. Representative of the Petitioner who	will accept servi	ice of all papers f	or purposes of the repres	sentation proceeding	g.			
13a. Name and Title Daniel B. Ro	ojas, Attor	ney	13b. Address (street and Rothner, Segall & Greenstor				01	
13c. Tel No. 626-796-7555	13d. Cell No.		13e. Fax No. 626-577-0124		13f. E-M drojas@			
I declare that I have read the above petiti	on and that the	statements are tr	ue to the best of my know	vledge and belief.				
Name (Print) Signal B. Rojas	ature -)	Title		Date		2017	
Lianiei R Roias	I JOS AAR V BLU	600	LAHOTORY		Lani	Jary 10	ZULT /	

Attorney January 10, 2017
WILLFUL FALSE STATEMENTS ON THIS PETMION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
32-RC-213182	01/17/2018					

RC PETITION

			1 02	10 210102	TO 10	01/1//2010		
INSTRUCTIONS: Unless e-Filed us								
in which the employer concerned								
of service showing service on the								
(Form NLRB-505); and (3) Descrip				RB 4812). The sho	wing of inter	rest should only be filed		
with the NLRB and should not be	served on the	employer or an	y other party.			P = '20=		
bargaining by Petitioner and Petitioner of	1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.							
2a. Name of Employer			dress(es) of Establishment	(s) involved (Street and				
Pacific Gas and Electric	10000		77 Beale St, San France					
Stacey Campos 3b. Address (If same as 2b – state same) same 3b. Address (If same as 2b – state same)								
3c. Tel. No. 415-973-5357	3d. Cell No. 415-85	60-6340	3e. Fax No. 415-973-55		Bf. E-Mail Addre	SACH@pgDcom		
4a. Type of Establishment (Factory, mine, Gas and Electric Utility	wholesaler, etc.)	4b. Principal pro Gas and	duct or service Electric service			nd State where unit is located: rthern California		
5b. Description of Unit Involved		<u></u>	gant follows of 5 miles populated and managements.		1	6a. No. of Employees in Unit:		
	te; IT Project Mana	ger, Career; IT Pro	ject Manager, Senior; IT Pro	oject Manger, Expert - S	XXXXXX	36		
Attachment A Excluded: All other employees - See Attachment A All other employees - See Attachment A All other employees - See Attachment A Petitioner? Yes No								
Check One: 7a. Request for r	ecognition as Baro	aining Representa	tive was made on (Date)	1/17/2018 and		ned recognition on or about		
	(Date)	(If no reply receive				ica recognition on or about		
8a. Name of Recognized or Certified Ba			8b. Address	bertinication under the A	ici.			
Engineers and Scientis	UTS - 0.0000.TWG - 1706 - 1705 -	B () 이 경영 () () () () () () () () () () () () ()	81	0 Clay St, Oakland CA	94607			
8c. Tel No. 510-238-8320 8d Cell No. 8e. Fax No. 510-238-8324 8f. E-Mail Address jsperry@ifpte20.org								
8g. Affiliation, if any International Federation of Professional and	8h. Date of Recognition or			ate of Current or Most Recent (Month, Day, Year)				
CLC	Tournious Engineer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1952			(Month, Day, 1941) 12/31/2019		
9. Is there now a strike or picketing at the I	Employer's establis	hment(s) involved	? No If so, approx	imately how many emp	loyees are part	icipating?		
(Name of labor organization)		, has pick	teted the Employer since (I	Month, Day, Year)				
Organizations or individuals other than known to have a representative interest in None					sentatives and	other organizations and individuals		
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.		
				10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conduct	ts an election in thi	s matter, state vou	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail		
any such election.	1 =							
11b. Election Date(s): Mail Ballots on February 7, 20		ection Time(s):		11d. Election Location Text	n(s):			
12a. Full Name of Petitioner (<i>including</i> I Engineers and Scientists of			/CLC		and number, ci St, Oakland, C	ty, state, and ZIP code) A, 94607		
12c. Full name of national or international International Federation of Profe				t (if none, so state)				
12d. Tel No. 510-238-8320	12e. Cell No. 510-38	34-7088	12f. Fax No. 510-238-		12g. E-Mail Add jwr	lress ight@ifpte20.org		
13. Representative of the Petitioner who	will accept servi	ce of all papers for	or purposes of the repres	entation proceeding.				
	Chief Counsel and Union Representati	ve	13b. Address (street and 810	d number, city, state, an Clay St, Oakland, CA, S				
13c. Tel No. 510-238-8320		15-336-9201 and 10-316-1091	13e. Fax No. 415-77		13f. E-Mail Addı llucido@ifpte20.o	ress rg and isperry@ifpte20.org		
I declare that I have read the above peti	1		e to the best of my know	ledge and belief.				
., Ta								
Name (Print) Sonathan T. Wright	ignature	Ma (1)	Title Organi.		Date	January 17, 2018		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment A

To RC Petition filed on 1/17/2018 by ESC Local 20, IFPTE (ESC) for *Armour-Globe* self-determination election to add **IT Project Managers** to existing bargaining unit.

5b. Description of Unit Involved:

Included:

All full-time and part-time employees employed by the employer at all its locations in the "Infrastructure and Operations Program and Project Delivery" department in the following classifications:

IT Project Manager, Associate; IT Project Manager, Career; IT Project Manager, Senior; IT Project Manager, Expert

These employees are petitioning to join the existing ESC-represented Professional & Technical Unit, comprised of approximately 3300 employees, and request an *Armour-Globe* election.

Excluded:

All other employees, confidential employees, guards and supervisors as defined by the Act.

Do NOT WRITE IN THIS SPACE

Case No.

32-RC-213962

Date Filed
1/31/2018

RC PETITION

32-RC-213962

I/31/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Gilton Solid Waste Management, Inc. 800 S. McClure Road, Modesto, CA 95357 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Tedford R. Gilton, Vice President 755 S. Yosemite Avenue, Oakdale, CA 95361 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No. (209) 527-3781 (209) 527-2077 tedg@gilton.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Garbage & recycling facility Solid waste disposal Modesto, California 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All drivers, sweepers, frontloaders 6b. Do a substantial number (30% Excluded: All other employees, guards and supervisors or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) by Petition, and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8d Cell No. 8c. Tel No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? ______ If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Tuesday, February 6, 2018 8:00 a.m. - 10:00 a.m., 12:00 noon-2:00 p.m. Lunch room, 880 S. McClure Road, Modesto, CA 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 1225 13th Street, Modesto, CA 95334 Teamsters Local 386 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d. Tel No 12e, Cell No. 12g. E-Mail Address 12f. Fax No (209) 526-9485 Rene@teamsters386.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Caroline N. Cohen, Attorney 13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13d. Cell No. 13e. Fax No. 13c. Tel No 13f, E-Mail Address (510) 337-1001 (510) 337-1023 ccohen@unioncounsel.net, drosenfeld@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Attorney for Petitioner, Teamsters Local 386 January 31, 2018 Caroline N. Cohen

Ohen Attorney for Petitioner, Teamsters Local 386 January 31, 2018
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE Case No. Date Filed 32-RC-214149 02/02/2018

RC PETITION

INSTRUCTIONS: Unless e-Filed us							
in which the employer concerned it	s located. Th	e petition mus	be accompanied by	both a showing o	f interest (see	e 6b below) and a certificate	
of service showing service on the							
(Form NLRB-505); and (3) Descript	ion of Repres	entation Case	Procedures (Form NL	RB 4812). The sl	nowing of inte	erest should only be filed	
with the NLRB and should not be s	erved on the	employer or an	y other party.		-	edi Seniar i primare narah 1977 dan me t a dan pendanan metatakan l	
1. PURPOSE OF THIS PETITION: RC-CEI	RTIFICATION OF	REPRESENTAT	IVE - A substantial number				
bargaining by Petitioner and Petitioner de requests that the National Labor Relat							
2a. Name of Employer			dress(es) of Establishmen				
J & J Worldwide Services		926 F	ranklin Avenue, Len	noore, CA 9324	6	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
3a. Employer Representative – Name and	Title		3b. Address (If same as		02246		
Gary Weiss, Regional Manager	61.6.711		926 Franklin Avenu	ue, Lemoore, CA			
3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address gary.weiss@jjwws.com							
4a. Type of Establishment (Factory, mine, w		4b. Principal pro	duct or service		The state of the s	and State where unit is located:	
Environmental Services	nordsdror, oto.)	Building Mair			0.000 P. M. P.	e, California	
5b. Description of Unit Involved	Asintonosos	Machania LIV	AC Took Stationer			6a. No. of Employees in Unit:	
Included: General Maintenance, N			AC Tech, Stationary		-	6b. Do a substantial number (30%	
Engineer, Accounting C Excluded:	lerk, Electrici	an				or more) of the employees in the	
						unit wish to be represented by the	
Charle Care 7 - Barrer 16		alala a Danasaasa		41-1-	d F1 d1	Petitioner? Yes V No	
Check One: 7a. Request for re		aning Representa (If no reply receive	ative was made on (Date)			ned recognition on or about	
7b. Petitioner is cu			epresentative and desires	petition petition	Act		
8a. Name of Recognized or Certified Barg			8b. Address	ooranoonon anaor mo	7100		
On Tal No	Od Call Na		L On Face No.		Of E Mail Add		
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess	
8g. Affiliation, if any			8h. Date of Recognition of	r Certification		ate of Current or Most Recent (Month, Day, Year)	
9. Is there now a strike or picketing at the Er	nployer's establis	hment(s) involved	? No If so, approx	dimately how many en	nployees are par	ticipating?	
(Name of labor organization)							
10. Organizations or individuals other than F		- A				other organizations and individuals	
known to have a representative interest in a					resemanyes and	other organizations and mulviduals	
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.	
	100.710			100. 101. 110.		100. 00% 110.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	an election in thi	e matter etate voi	er position with respect to				
any such election.	an election in an	s matter, state you	i position with respect to	11a. Election Type: Manual Mail Mixed Manual/Mail			
11b. Election Date(s):		ection Time(s):		11d. Election Location(s):			
As soon as possible 12a. Full Name of Petitioner (including to		m. to 5:00 p.m.		Employer's premises breakroom 12b. Address (street and number, city, state, and ZIP code)			
Stationary Engineers Local 39	cai name ano no	imber)		4644 West Jacque			
12c. Full name of national or international la International Union of Operating Engineer		of which Petitioner	is an affiliate or constituen		•		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Add	dress	
559-233-0839			12011101		dgodinho@loca	. 200 . 200	
13. Representative of the Petitioner who	will accept servi	ce of all papers for	or purposes of the repres	entation proceeding).		
13a. Name and Title Stewart Wei	nberg, At	torney	13b. Address (street and 1001 Marina Village Parkwa				
13c. Tel No.	13d. Cell No.	70367	13e. Fax No.		13f. E-Mail Add	ress	
510-337-1001			510-337-1023		sweinberg@un	ioncounsel.net	
I declare that I have read the above points	on and that the s	statements are tru	ie to the best of my know	vledge and belief.		200	
	flature /	1.11	Title		Date	0010	
Stewart Weinberg WILLELL FALSE STATEMEN	TS ON THIS DE	TOTON CAN BE	Attorney	IMPRISONMENT (II	February 2,		

PRI ACY ACT STATEMENT

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE

February 6, 2018

	OK KELATIONS BU	ARD		Case No.			Date	Filed
	ETITION	- Harris			2-RC-214346		No. in section	02/06/2018
INSTRUCTIONS: Unless e-Filed	using the Agend	y's websit	e, www.nlrb.	gov, submit	an original of th	is Pet	ition to a	an NLRB office in the Region
in which the employer concerne	ed is located. Th	e petition i	must be acco	mpanied by	both a showing	of int	erest (se	ee 6b below) and a certificate
of service showing service on t	he employer and	all other p	arties named	d in the petit	ion of: (1) the pe	tition;	(2) Stat	ement of Position form
(Form NLRB-505); and (3) Desci	ription of Repres	entation Ca	ase Procedu	res (Form Ni	LRB 4812). The	showi	ng of in	terest should only be filed
with the NLRB and should not be	e served on the	employer o	or any other	party.			NSI	
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitioner requests that the National Labor R	er desires to be certif	ied as represe	entative of the e	mployees. The	Petitioner alleges	that th	e followin	g circumstances exist and
2a. Name of Employer	Suppose Doura proc	2	2b. Address(es)	of Establishme	nt(s) involved (Stree	t and no	umber, city	, State, ZIP code)
Old Dominion Freight Lines					hrop, CA 95330			The specialist file of the second state of the second seco
3a. Employer Representative - Name			(C.	dress (If same a	as 2b - state same)			
Brian Durbin, Terminal Manage			same					
209-858-5173	3d. Cell No.		3e. Fax	No. 58-5175		1000	-Mail Add	
4a. Type of Establishment (Factory, min	e wholesaler etc)	Ah Princin	al product or ser			Бпа		n@odfl.com
Freight Terminal	e, wholesaler, etc.)		of Freight	VICE			Lathrop	and State where unit is located:
5b. Description of Unit Involved	-		- r. r. e.g. n.				Latinop	6a. No. of Employees in Unit:
Included: all regular part-t	ime and full	time no	d drivers	and line	drivere			32
Excluded: all other employe			u unvers	and mie	unvers			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ✓ No
Check One: 7a. Request fo	r recognition as Barg	aining Repre	sentative was m	nade on (Date)		and Em	oloyer dec	lined recognition on or about
			ceived, so state,				070	
8a. Name of Recognized or Certified E	s currently recognize	d as Bargaini	ing Representat		certification under the	he Act.		
None	sargaining Agent (II	none, so sta	ate).	8b. Address				
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E	-Mail Add	ress
				united to the same of the same		= 26.39		
8g. Affiliation, if any			8h. Date o	of Recognition of	or Certification			Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the	Employer's establis						es are pa	rticipating?
(Name of labor organization)					Month, Day, Year) _			
Organizations or individuals other that known to have a representative interest in	in Petitioner and thos n any employees in t	se named in it the unit descri	tems 8 and 9, w ibed in item 5b a	hich have claim above. (If none	ned recognition as re , so state)	present	atives and	d other organizations and individuals
10a. Name	10b. Add	iress			10c. Tel. No.		-	10d. Cell No.
	3				2557507270053700			104. 001.110.
					10e. Fax No.			10f. E-Mail Address
 Election Details: If the NLRB condu any such election. 	cts an election in this	s matter, state	e your position v	with respect to	11a. Election Typ	e: 🗸	Manual	Mail Mixed Manual/Mail
11b. Election Date(s):	11c. Ele	ection Time(s);	-	11d. Election Loca	ation(s)		
Propose - 2/28 (Wed) or 3/1 (Thu)	6 a.m	6 p.m.			Conference Rm in	Main	Office @6	01 D'Arcy Parkway, Lathrop, CA
12a. Full Name of Petitioner (including Teasmters Local 439	local name and nu	mber)			12b. Address (stre 1531 East Fremo	eet and nt Stree	number, o	on, CA 95205
12c. Full name of national or international International Brotherhood of Teamsters	l labor organization o	of which Petiti	oner is an affilia	te or constituer	nt (if none, so state)			
12d. Tel No. 209-948-9592	12e. Cell No.		12f. Fax 209-948-			12g.	E-Mail Ad	dress
13. Representative of the Petitioner wh	o will accept service	e of all pape			entation proceeding	ig.		
13a. Name and Title Costa Kereste	nzis, Attorney fo	or Local 43	39 13b. Add 520 Capito	ress (street and	d number, city, state, Sacramento, CA 95814	, and ZI	P code)	
13c. Tel No.	13d. Cell No.		13e. Fax	No.	7	-	E-Mail Add	iress
916-325-2100	hitian and that the	totame - t-	916-325-	2120		ckere	stenzis@	beesontayer.com
I declare that I have read the above per	//	tatements ar		est of my know	rledge and belief.		SAT TWO	
Name (Print) Costa Kerestenzis	Signature		Title Attorney	for Local 439		5000	ate	2018

WILLFUL FALSE STATEMENT ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attorney for Local 439

DO NOT WRIT	E IN THIS SPACE
32-RC-215055	Date Filed 02/16/2018

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov , submit an original of this Petition to an NLRB office in the Rein which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certification of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be fix with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer Sutter Health - PAMF 3b. Address(es) of Establishment(s) involved (Street and number, clty, State, ZIP code) See Attachment A 3b. Address (If same as 2b – state same) 2751 Research Park Dr, Soquel, CA 95073	ficate					
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be fix with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Peti						
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be fit with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer Sutter Health - PAMF 3b. Address (If same as 2b – state same)	ed					
with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer Sutter Health - PAMF 2b. Address(es) of Establishment(s) involved (Street and number, clty: State, ZIP code). See Attachment A 3b. Address (If same as 2b – state same)	ed					
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer Sutter Health - PAMF 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) - See Attachment A 3c. Employer Representative - Name and Title 3b. Address (If same as 2b - state same)	ege Wat c					
bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer Sutter Health - PAMF 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code). See Attachment A 3b. Address (If same as 2b – state same)						
2a. Name of Employer Sutter Health - PAMF 2b. Address(es) of Establishment(s) involved (Street and number, clty, State, ZIP code) See Attachment A 3b. Address (If same as 2b – state same)						
Sutter Health - PAMF See Attachment A 3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)						
Katie Borges 2751 Research Park Dr, Soquel, CA 95073						
3c, Tel. No. 3d, Cell No. 3e, Fax No. 3f, E-Mail Address borgesk@sutterhealth.org						
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Healthcare 5a. City and State where unit is located and Santa Cruz County, CA	d:					
5b. Description of Unit Involved 6a. No. of Employees in Unit Involved 62	at					
Included: All Advanced Practice Clinicians (Certified Nurse Midwives, Nurse Practitioners, and Physician Assistants) Excluded: All other employees						
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 2/16/18 and Employer declined recognition on or about						
(Date) (If no reply received, so state).						
7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.						
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8b. Address						
8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address						
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recognition or Certification Contract, if any (Month, Day, Year)	nt					
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization), has picketed the Employer since (Month, Day, Year)						
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and inc	viduals					
known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)	1					
10a. Name 10b. Address 10c. Tel. No. 10d. Cell No.						
10e. Fax No. 10f. E-Mail Address						
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: Manual Mixed	Mail					
11b. Election Date(s): March 1 - March 15, 2018 11c. Election Time(s): 11d. Election Location(s):						
12a. Full Name of Petitioner (including local name and number)12b. Address (street and number, city, state, and ZIP code)Engineers and Scientists of California, Local 20, IFPTE, AFL-CIO/CLC810 Clay St, Oakland, CA, 94607						
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Federation of Professional and Technical Engineers, AFL-CIO & CLC						
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address iwight@ijote20.org						
510-238-8320 510-384-7088 510-238-8324 jwright@ifpte20.org						
510-238-8320 510-384-7088 510-238-8324 jwight@ifpte20.org						
510-238-8320 510-384-7088 510-238-8324 jwright@ifpte20.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code)	arder.com					
510-238-8320 510-384-7088 510-238-8324 jwright@ifpte20.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Eleanor Morton, Attorney and Lindsay Nicholas, Attorney 13b. Address (street and number, city, state, and ZIP code) 1188 Franklin St, Suite 201, San Francisco, CA 94109 13c. Tel No. 13f. E-Mail Address	arder.com					

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment A

To RC Petition filed on 2/16/2018 by ESC Local 20, IFPTE (ESC)

Addresses of Establishment involved:

7600 Old Dominion Court, Aptos, CA 95003

815 Bay Avenue, Capitola, CA 95010

2900 Chanticleer Ave, Santa Cruz, CA 95065

2907 Chanticleer Ave., 2nd floor, Santa Cruz, CA 95065

2911 Chanticleer Avenue, Santa Cruz, CA 95065

2850 Commercial Crossing, Santa Cruz, CA 95065

1662 Dominican Way, Santa Cruz, CA 95065

2980 El Rancho Drive, Santa Cruz, CA 95060

1301 Mission Street, Santa Cruz, CA 95060

1529 Seabright Avenue, Santa Cruz, CA 95062

2025 Soquel Avenue, Santa Cruz, CA 95062

1661 Soquel Drive, Suite D, Santa Cruz, CA 95065

1661 Soquel Drive, Suite F, Santa Cruz, CA 95065

4663 Scotts Valley Drive, Scotts Valley, CA 95066

3035 North Main Street, Soquel, CA 95073

550 South Green Valley Road, Watsonville, CA 95076

DO NOT WRITE IN THIS SPACE								
Case No. 32-RC-215170	Date Filed 02/20/2018							

INSTRUCTIONS: Unless e-Filed us									
in which the employer concerned i									е
of service showing service on the									
(Form NLRB-505); and (3) Descript	ion of Repres	entation Case F	Procedures (Form NL	RB 4812). The si	howing	of intere	st sho	ould only be filed	
with the NLRB and should not be s	erved on the	employer or an	y other party.	515					
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de	esires to be certifi	ied as representativ	ve of the employees. The	Petitioner alleges th	hat the fo	llowing cit	rcumst	ances exist and	
requests that the National Labor Relat 2a. Name of Employer	ions Board proc		dress(es) of Establishmen						_
Sacred Heart Community Service			South First St., San			, o., o.,	, L.,	0000)	
3a. Employer Representative - Name and	Title		3b. Address (If same as	s 2b – state same)					
Poncho Guevara, Executive Dire	ctor		Same			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		And the second section of the second	ail Address			
(408) 278-2160		(408) 885-9071		-			eartcs.org		
4a. Type of Establishment (Factory, mine, w Nonprofit Organization	4b. Principal prod Various forms	duct or service s of essential service	es to community	100	a. City and an José,		vhere unit is located: ornia		
5b. Description of Unit Involved							. No. o	f Employees in Unit:	
Included: See attachment						54	Doa	substantial number (30°	1/-
Excluded: _								of the employees in the	
Excluded: See attachment								to be represented by the? Yes V No	е
Check One: 7a. Request for re	cognition as Barg	gaining Representa	tive was made on (Date)	By this petition ar	nd Employ	yer declined	d recog	nition on or about	
		(If no reply received			0200				
8a. Name of Recognized or Certified Barg			epresentative and desires 8b. Address	certification under the	e Act.				_
None	Janning Agent (A	none, so state).	None						
8c. Tel No. 8d Cell No. None None			8e. Fax No. 8f. E-Mail None None			ail Address			
8g. Affiliation, if any			8h. Date of Recognition or	r Certification				rent or Most Recent	-0.0
None			None	Contract, if any (M None			fonth, E	Day, Year)	
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? No If so, approx	timately how many er	mployees	are particip	pating?		
(Name of labor organization)		, has pick	teted the Employer since (I	Month, Day, Year) _					-3
 Organizations or individuals other than I known to have a representative interest in a None 					oresentati	ves and oth	ner orga	anizations and individua	ls
10a. Name	10b. Ad	dress		10c. Tel. No.		T1	0d. Ce	II No.	
NI	N.I.			None			one		
None	No			10e. Fax No. None			of. E-N	Mail Address	
 Election Details: If the NLRB conducts any such election. 			r position with respect to	11a. Election Type		anual	Mail _	Mixed Manual/Mail	
11b. Election Date(s): March 7, 2018	10am -	ection Time(s): 2pm and 5pm - 7	'pm	11d. Election Loca Employer's facility	, Fiesta F	U.P. W. C.			
12a. Full Name of Petitioner (including lo Service Employees International Union, L	ocal 521 (SEIU	Local 521)		12b. Address (stre 2302 Zanker Rd.,				and ZIP code)	
12c. Full name of national or international la Service Employees International Union	bor organization	of which Petitioner	is an affiliate or constituen	t (if none, so state)					
12d. Tel No. (408) 678-3300	12e. Cell No.		12f. Fax No. (408) 954-1538		12g. E-	Mail Addre	ss		
13. Representative of the Petitioner who	will accept servi	ce of all papers fo	or purposes of the repres	entation proceedin	g.				
13a. Name and Title Manuel A. Boig	ues, Attorne	ey for Union	13b. Address (street and 1001 Marina Village Parkwa			code)			
13c. Tel No. 510-337-1001	13d. Cell No.		13e. Fax No. 510-337-1023			Mail Addres		el.net	
I declare that I have read the above petiti	on and that the	statements are tru		vledge and belief.	- 3	,		7	
	nature /	1/80	Title		Dat	te a	20	110	_
Manuel A. Boigues	nemul	A. SVIM	Attorney for Union			di	101	118	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

ATTACHMENT TO RC PETITION

EMPLOYER: SACRED HEART COMMUNITY SERVICE

PETITIONER: SEIU LOCAL 521

5b. Description of Unit involved:

Included: All full-time and regular part-time Accountants, Accountants (Senior), Administrative Assistants, Advocates, Case Managers, Case Workers, Child case Coordinators, Community Engagement Coordinators, Community Organizers, Coordinators, Crews, Education Coordinators, Education Organizers, Energy Assistance Coordinators, Facilities Coordinators, Facilities employees, Homeless Prevention Case Managers, Installers (Lead), I.T. employees, Joblink Associates, Joblink Employment Coordinators, Organizing Coordinators, Pantry Coordinators, Program Associates, Program Organizers, Public Benefits Coordinators, and Technicians (I, II, and III).

Excluded: All other employees, managers, security guards, and supervisors as defined by the Act.



DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
32-RC-215778	03/01/2018					

RC PETITION

32-RC-215778

03/01/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

(Form NLRB-505); and (3) Description with the NLRB and should not be					RB 4812). The SI	nowing of int	erest should only be tiled	
with the NLRB and should not b 1. PURPOSE OF THIS PETITION: RC-	CERTIFICAT	TION OF REPRES	ENTATI	y otner party. VE - A substantial number	of employees wish to	be represented	d for purposes of collective	
bargaining by Petitioner and Petitione requests that the National Labor Re	er desires to b	e certified as repre	esentativ	e of the employees. The	Petitioner alleges th	at the followin	g circumstances exist and	
2a. Name of Employer	elations boa	ra proceed unde	2b. Ad	dress(es) of Establishmen	t(s) involved (Street a	and number, city	, State, ZIP code)	
Kay & Associates, Inc.			Naval			enger Ave, I	Lemoore, CA 93245	
3a. Employer Representative – Name Bradley J. Kay, Executive Vice		t		3b. Address (If same as 165 N. Arlington H	프랑마이트 살아가지 않는 하는 전에 없어가게 되었다.	e 150, Buffal	lo Grove, IL 60089	
3c. Tel. No.	3d. Cell	No.		3e. Fax No.		3f. E-Mail Add		
(847)-255-8444				(847)-682-2131		bradkay@k		
4a. Type of Establishment (Factory, min. Military Contractor	e, wholesaler	(, etc.) 4b. Princ Military		duct or service		5a. City Lemoo	and State where unit is located: re. CA	
5b. Description of Unit Involved		1,,,,,,		***		2000	6a. No. of Employees in Unit:	
Included: All full-time and regular part-tim							43	
Attendance, Production Control Clerks and Aircraft Logs & Records technicians employed by the Employer on the Search & Rescue Unit at Naval Air Station (NAS) Lemcore, California. Excluded: All office clerical employees, professional employees, managerial employees, guards, and supervisors as defined in the Act. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No								
Check One: 7a. Request fo				다 하다 하는 것 같아 있다면 하다면 하다 하는 것 같아 보다면 하다 하다.	By Petition and	d Employer dec	lined recognition on or about	
7h Betitioner i		(Date) (If no reply		d, so state). epresentative and desires	certification under the	Act		
8a. Name of Recognized or Certified E				8b. Address	Certification under the	ACI.		
	The same of the sa		outross-teach					
8c. Tel No.	8d Cell	No.		8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any				8h. Date of Recognition of	8i. Expiration Date of Current or Most Recei Contract, if any (Month, Day, Year)			
Is there now a strike or picketing at the	e Employer's	establishment/s) i	nvolved*	2 No If so approx	rimately how many er	nnlovees are na	articinating?	
(Name of labor organization)	o Employer o			eted the Employer since (p.oyooo a.o po		
10. Organizations or individuals other than	an Petitioner					resentatives an	d other organizations and individuals	
known to have a representative interest	in any employ	yees in the unit de	scribed i	n item 5b above. (If none,	, so state)			
10a. Name	1	10b. Address			10c. Tel. No.		10d, Cell No.	
100.110.110	1	1001 /1001000			100.101110		1001 001110.	
					10e. Fax No.	10f. E-Mail Address		
11. Election Details: If the NLRB condi- any such election.	ucts an election	on in this matter, s	tate you	r position with respect to	11a. Election Type: Manual Mail Mixed Manual/Mail			
11b. Election Dale(s): Thursday, March 8, 2018		11c. Election Tim 8:00-9:00 AM & 3		0 PM	11d. Election Location(s): Employee Break-room in Hangar 4			
12a. Full Name of Petitioner (including International Association of Machinists	g local name	and number)		200 A		et and number,	city, state, and ZIP code)	
12c. Full name of national or international International Association of Machinists	al labor organ	ization of which Pe	etitioner	9		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
12d. Tel No. (916) 235-0123	12e. Ce (818) 79			12f. Fax No. (916) 985-8121		12g. E-Mail Ad jsolis@iamaw		
13. Representative of the Petitioner w			apers fo		sentation proceeding		ioig	
13a. Name and Title Caren P. S	Sencer,	Attorney	•	13b. Address (street and Weinberg, Roger & Rosenfe			0, Alameda, CA 94501	
13c. Tel No. 510-337-1001	13d. Ce	ll No.		13e. Fax No. 510-337-1023		13f. E-Mail Ad	dress oncounsel.net, csencer@unioncounsel.net	
I declare that I have read the above pe	etition and th	at the statements	s are tru		vledge and belief.	763	Same and the	
Name (Print)	Signature			Title		Date		
Caren P. Sencer	1011			Attorney		March 1, 2	2018	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
32-RC-216024	03/06/2018			

Date

March 6, 2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Indus Holding Co./Cypress Manufacturing 20 Quail Run Circle, Salinas, CA 93907 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Kelly McMullin same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 831-809-2451 831-809-2451 kelly@indusholdingco.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Cannabis Edibles Manufacturing-Packing Cannabis Edibles Salinas, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All fulltime general labor employees, packers, machine operators, quality control, forklift drivers, 30 6b. Do a substantial number (30% Sanitation-Dishwashers, Maintenance, Inventory, lab extraction employees. or more) of the employees in the Excluded: All management and administrative employees, working supervisors, truck drivers, sales people, office clerical unit wish to be represented by the employees, security guards, foreman, owners and all other employees as defined under the Act. Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 2/26/18 and Employer declined recognition on or about _(Date) (if no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10a. Name 10b. Address 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s) 11c. Election Time(s): 11d. Election Location(s): Monday, March 19, 2018 8:00 AM to 11:00 AM Outside lunch room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) United Food and Commercial Workers, Local 5 1145 North Main Street Salinas, CA 93906 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food and Commercial Workers International Union, AFL-CIO, CLC 12d. Tel No. 12e Cell No. 12f. Fax No. 12g. E-Mail Address 408-625-5595 831-905-3076 831-422-7997 pmaturino@ufcw5.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Caren P. Sencer, Attorney 13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200 Alameda, CA 94501 13d. Cell No. 13c. Tel No. 13e. Fax No. 13f. E-Mail Address nlrbnotices@unioncounsel.net 510 337-1001 510 337-1023 csencer@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Title

Attorney

Signature

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Name (Print)

David W. M. Fujimoto

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
32-RC-216132	03/07/2018			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

with the NLRB and should not be s	served on the	employer or an	y other party.				
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Relationship.	RTIFICATION OF esires to be certifi	F REPRESENTATI ied as representativeed under its pro	VE - A substantial number we of the employees. The per authority pursuant to	Petitioner alleges that Section 9 of the Nation	the following anal Labor Re	circumstances exist and lations Act.	
2a. Name of Employer		2b. Ad	dress(es) of Establishmen	t(s) involved (Street and	number, city,	State, ZIP code)	
Peninsula Sanitary Services, Inc. 3a. Employer Representative – Name and	t Title	339 B	Bonair Siding Road,		a 94305		
Andrew Pellegrini, General Mana			3b. Address (If same as same	s 2b – state same)			
3c. Tel. No.	3d. Cell No.		3e. Fax No.	3	f. E-Mail Addre	ess	
(650) 321-4236			(650) 321-9749	aı	ndrew@ps	sirecycling.com	
4a. Type of Establishment (Factory, mine, v Yard	vholesaler, etc.)	4b. Principal pro	duct or service ction and Processing	1		nd State where unit is located: rated Santa Clara County, California	
5b. Description of Unit Involved	-			,		6a. No. of Employees in Unit:	
Included: All production employee				aintenance, includ	ing [31	
drivers, helpers, mecha	nics, and mai	intenance emp	loyees.			6b. Do a substantial number (30%	
Excluded: Clerical employee	s, guards	and superv	isors as defined	d by the Act		or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No	
N/A	(Date)	(If no reply received	d, so state).			ned recognition on or about	
7b. Petitioner is c	urrently recognize	ed as Bargaining Re	epresentative and desires	certification under the A	ct.		
8a. Name of Recognized or Certified Bar None.		r none, so state).	8b. Address	2000			
8c. Tel No.	8d Cell No.		8e, Fax No.	8	f. E-Mail Addre	ess	
8g. Affiliation, if any						Expiration Date of Current or Most Recent ontract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mployer's establis	shment(s) involved	? No. If so, approx	imately how many empl	oyees are part	icipating?	
(Name of labor organization)			eted the Employer since (
Organizations or individuals other than known to have a representative interest in a None.	Petitioner and tho any employees in	se named in items the unit described i	8 and 9, which have claim in item 5b above. (If none,	ed recognition as repres so state)	entatives and	other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
			10e. Fax No.				
11. Election Details: If the NLRB conducts an election in this matter, state you				10e. Fax No.		10f. E-Mail Address	
any such election	s an election in thi	is matter, state you	r position with respect to	10e. Fax No.	/ Manual	10f. E-Mail Address Mail Mixed Manual/Mail	
any such election. 11b. Election Date(s):		is matter, state you ection Time(s):	r position with respect to	11a. Election Type:			
any such election. 11b. Election Date(s): March 22, 2018	11c. El 3:30pm	lection Time(s): n - 4:30pm	r position with respect to	11a. Election Type: 11d. Election Location Company Board Roo	n(s): m at work loc	Mail Mixed Manual/Mail	
any such election. 11b. Election Date(s):	11c. El 3:30pm	lection Time(s): n - 4:30pm	r position with respect to	11a. Election Type: 11d. Election Location Company Board Roo	n(s): m at work loc	Mail Mixed Manual/Mail ation ty, state, and ZIP code)	
any such election. 11b. Election Date(s): March 22, 2018 12a. Full Name of Petitioner (including lo	11c. El 3:30pm	lection Time(s): n - 4:30pm umber)		11a. Election Type: 11d. Election Location Company Board Roo 12b. Address (street a 295 89th Street, Suite	n(s): m at work loc	Mail Mixed Manual/Mail ation ty, state, and ZIP code)	
any such election. 11b. Election Date(s): March 22, 2018 12a. Full Name of Petitioner (including loteramsters Local 350 12c. Full name of national or international lateramsters.	11c. El 3:30pm	lection Time(s): n - 4:30pm umber)	is an affiliate or constituen	11a. Election Type: 11d. Election Location Company Board Roo 12b. Address (street a 295 89th Street, Suite t (if none, so state)	n(s): m at work loc and number, ci e 304, Daly C	Mail Mixed Manual/Mail ation ty, state, and ZIP code) ity, California 94015	
any such election. 11b. Election Date(s): March 22, 2018 12a. Full Name of Petitioner (including lot Teamsters Local 350 12c. Full name of national or international laternational Brotherhood of Teamsters 12d. Tel No.	11c. El 3:30pm ocal name and no abor organization 12e. Cell No.	lection Time(s): n - 4:30pm umber) of which Petitioner	is an affiliate or constituen 12f. Fax No. (650) 757-7294	11a. Election Type: 11d. Election Location Company Board Roo 12b. Address (street a 295 89th Street, Suite t (if none, so state)	n(s): m at work loc and number, ci e 304, Daly C	Mail Mixed Manual/Mail ation ty, state, and ZIP code) ity, California 94015	
any such election. 11b. Election Date(s): March 22, 2018 12a. Full Name of Petitioner (including loteramsters Local 350 12c. Full name of national or international laternational Brotherhood of Teamsters 12d. Tel No. (650) 757-7290	11c. El 3:30pm ocal name and no abor organization 12e. Cell No. will accept servi	lection Time(s): n - 4:30pm umber) of which Petitioner ice of all papers fo	is an affiliate or constituen 12f. Fax No. (650) 757-7294	11a. Election Type: 11d. Election Location Company Board Roo 12b. Address (street a 295 89th Street, Suite t (if none, so state) 11. j.c. entation proceeding.	n(s): m at work loc and number, ci a 304, Daly C 2g. E-Mail Add oca@ibtlocal	Mail Mixed Manual/Mail ation ty, state, and ZIP code) ity, California 94015	
any such election. 11b. Election Date(s): March 22, 2018 12a. Full Name of Petitioner (including lot Teamsters Local 350 12c. Full name of national or international la International Brotherhood of Teamsters 12d. Tel No. (650) 757-7290 13. Representative of the Petitioner who	11c. El 3:30pm ocal name and no abor organization 12e. Cell No. will accept servi	lection Time(s): n - 4:30pm umber) of which Petitioner ice of all papers fo	is an affiliate or constituen 12f. Fax No. (650) 757-7294 or purposes of the repres 13b. Address (street and Beeson, Tayer & Bodine, 48 13e. Fax No.	11a. Election Type: 11d. Election Location Company Board Roo 12b. Address (street a 295 89th Street, Suite t (if none, so state) 11. entation proceeding. d number, city, state, and 13 Ninth Street, Oakland, CA	n(s): m at work loc and number, ci a 304, Daly C 2g. E-Mail Add oca@ibtlocal d ZIP code) v 94607 3f. E-Mail Add	Mail Mixed Manual/Mail ation ty, state, and ZIP code) ity, California 94015 dress 350.com	
any such election. 11b. Election Date(s): March 22, 2018 12a. Full Name of Petitioner (including lot Teamsters Local 350 12c. Full name of national or international laternational Brotherhood of Teamsters 12d. Tel No. (650) 757-7290 13. Representative of the Petitioner who 13a. Name and Title Susan K. Go	11c. El 3:30pm cal name and no abor organization 12e. Cell No. will accept service area, Atto	lection Time(s): 1 - 4:30pm umber) of which Petitioner lice of all papers for	is an affiliate or constituen 12f. Fax No. (650) 757-7294 or purposes of the repres 13b. Address (street and Beeson, Tayer & Bodine, 48 13e. Fax No. (510) 625-8275	11a. Election Type: 11d. Election Location Company Board Roo 12b. Address (street a 295 89th Street, Suite t (if none, so state) 11. 12. 13. 14. 15. 15. 15. 16. 16. 17. 18. 18. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	n(s): m at work loc and number, ci e 304, Daly C 2g. E-Mail Ado oca@ibtlocal d ZIP code)	Mail Mixed Manual/Mail ation ty, state, and ZIP code) ity, California 94015 dress 350.com	
any such election. 11b. Election Date(s): March 22, 2018 12a. Full Name of Petitioner (including lot Teamsters Local 350 12c. Full name of national or international la International Brotherhood of Teamsters 12d. Tel No. (650) 757-7290 13. Representative of the Petitioner who 13a. Name and Title Susan K. Gi 13c. Tel No. (510) 625-9700 I declare that I have read the above petitioner who are the susan telescope in the susan teles	11c. El 3:30pm cal name and no abor organization 12e. Cell No. will accept service area, Atto	lection Time(s): 1 - 4:30pm umber) of which Petitioner lice of all papers for	is an affiliate or constituen 12f. Fax No. (650) 757-7294 or purposes of the repres 13b. Address (street and Beeson, Tayer & Bodine, 48 13e. Fax No. (510) 625-8275	11a. Election Type: 11d. Election Location Company Board Roo 12b. Address (street a 295 89th Street, Suite t (if none, so state) 11. 12. 13. 14. 15. 15. 15. 16. 16. 17. 18. 18. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	n(s): m at work loc and number, ci a 304, Daly C 2g. E-Mail Add oca@ibtlocal d ZIP code) v 94607 3f. E-Mail Add	Mail Mixed Manual/Mail ation ty, state, and ZIP code) ity, California 94015 dress 350.com	

FUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

32-RC-216368

DO NOT WRITE IN THIS SPACE

| Date Filed | 3/12/2018 |

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should <u>not</u> be served on the employer or any other party.

with the NLRB and should not					KB 4012). The Sho	wing or int	erest should only be filed
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor F	er desires to be certif	ied as represe	entativ	ve of the employees. The	Petitioner alleges that	the following	g circumstances exist and
			Idress(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 10th Street, Oakland, CA 94607				
3a. Employer Representative - Name Kristina Duong, Vice Presiden				3b. Address (If same as	s 2b – state same)		
3c. Tel. No. 510-832-8111	3d. Cell No.					of. E-Mail Address ristinaduong@cawaste.com	
4a. Type of Establishment (Factory, min Waste Recycling and Garbage			25 (0.7) (0.7)	duct or service ling and Garbage Co	ollection	5a. City Oaklan	and State where unit is located: d, CA
5b. Description of Unit Involved Included: All Customer S	ervice/Sales	Admini	stra	ation Operation	s CS and Part	s	6a. No. of Employees in Unit: 7+
Excluded: All others.	or vice, eares,	, , , , , , , , , , , , , , , , , , , ,		and the contract of the contra			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes 🗸 No
7b. Petitioner	(Date) is currently recognize	(If no reply red ed as Bargaini	ceived ing Re	d, so state). epresentative and desires	•		lined recognition on or about
8a. Name of Recognized or Certified		f none, so sta	ate).	8b. Address			
8c. Tel No.	8d Cell No.			8e. Fax No.	8	f. E-Mail Add	ress
8g. Affiliation, if any	1.fe-21			8h. Date of Recognition or Certification		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the (Name of labor organization) 10. Organizations or individuals other the strike or the strike or individuals.		, has	s pick	eted the Employer since (I	Month, Day, Year)		
known to have a representative interest							
10a. Name	10b. Ad	dress		10c. Tel. No.			10d. Cell No.
					10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB cond any such election. 				r position with respect to	11a. Election Type:		Mail Mixed Manual/Mail
11b. Election Date(s): Wednesday, April 4, 2018	11:30 a	ection Time(s i.m 12:00 p			11d. Election Location(s): Employee Break-room		
12a. Full Name of Petitioner (includir International Association of Machinis	s and Aerospace W	orkers, Loca		•	10260 MacArthur Blv		city, state, and ZIP code) CA 946051
12c. Full name of national or internation International Association of Machinist	s and Aerospace We				· · · · · · · · · · · · · · · · · · ·		
12d. Tel No. 510-638-6705	12e, Cell No.			12f. Fax No. 510-638-1840	12g. E-Mail Address zr1z06r@sbcglobal.net		
13a. Name and Title Caren P.			ers fo	13b. Address (street and Weinberg, Roger & Rosenfe	d number, city, state, an		, Alameda, CA 94501
13c. Tel No. 510-337-1001	13d. Cell No.			13e. Fax No. 510-337-1023	200	3f. E-Mail Add	dress encounsel.net, csencer@unioncounsel.net
I declare that I have read the above p	etition and that the	statements a	re tru	e to the best of my know	ledge and belief.		
Name (Print) Caren P. Sencer	Signature			Title Attorney		Date March 12,	2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
32-RC-216705	03/16/2018			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Reddaway Trucking 1495 E. Pescadero Avenue, Tracy, CA 95304 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Bryan Ruiz, Terminal Manager Same 3e. Fax No. 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address (510) 599-9204 (510) 941-4960 Bryan.ruiz@reddaway.com

						0
4a. Type of Establishment (F Trucking	actory, mine, wholesaler, etc.)	esaler, etc.) 4b. Principal product or serv Trucking		1 ATTENDED		and State where unit is located: California
5b. Description of Unit Inve	1000	Trucking			Tracy,	
The second secon						6a. No. of Employees in Unit: 5
Included: All Clerks	and OS&D Clerks	3				6b. Do a substantial number (30%
F						or more) of the employees in the
Excluded: All other	employees, guards	and supervisor	·c			unit wish to be represented by the
All other	employees, guarus	and Supervisor	3			Petitioner? Yes V No
Check One: 7a.	Request for recognition as Bar	gaining Representative was	s made on (Date) 3	/16/2018 and	d Employer decl	
		(If no reply received, so sta				TO TO THE SECOND POST OF THE SECOND S
7b.	Petitioner is currently recognize				Act.	
The state of the s	Certified Bargaining Agent (8b. Address			
8c. Tel No.	8d Cell No.	8e. F	ax No.		8f. E-Mail Add	ress
	34-34-63-63-63-63-63-63-63-63-63-63-63-63-63-	- Action Const				
8g. Affiliation, if any		8h. Dat	e of Recognition or	Certification	8i. Expiration [Date of Current or Most Recent
					Contract, if any	(Month, Day, Year)
					4	
9. Is there now a strike or pic	keting at the Employer's establi	shment(s) involved? No.	If so, approxi	mately how many em	ployees are pa	rticipating?
(Name of labor organization	on)	, has picketed the	e Employer since (A	fonth, Day, Year)		
10 Organizations or individu	als other than Petitioner and the	se named in items 8 and 9	which have claime	ed recognition as repr	esentatives and	other organizations and individuals
	ve interest in any employees in				oodinaares ane	one organizations and marviduals
None	15 5 5					
10a. Name	10b. Ac	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11 Election Details: If the I	NLRB conducts an election in the	is matter state your positio	on with respect to			<u> </u>
any such election.	VERB conducts an election in the	is matter, state your positio	in with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail
11b. Election Date(s):	11c E	lection Time(s):		11d. Election Locati	ion(s):	
March 28, 2018		9:00 a.m.		Lunch Room		
12a. Full Name of Petitione	r (including local name and n	umber)		12b. Address (street and number, city, state, and ZIP code)		
International Brotherhoo	od of Teamsters, Local 439			1531 E Fremont St	reet, Stockton,	CA 95205
	international labor organization of Teamsters, AFL-CIO	of which Petitioner is an af	filiate or constituent	(if none, so state)		
12d. Tel No.	12e. Cell No.	12f. F	ax No.	T	12g. E-Mail Ad	dress
209) 948-9592		(209)	948-3424		Ehernandez@	teamsters439.com
13. Representative of the P	etitioner who will accept serv	ice of all papers for purpo	oses of the represe	entation proceeding		
13a. Name and Title	id A December	Attarnay 13b	Address (street and	number, city, state, a	and ZIP code)	
Dav	vid A. Rosenfeld,			d, 1001 Marina Village F		, Alameda, CA 94501
13c, Tel No.	13d. Cell No.	13e. I	Fax No.		13f, E-Mail Add	dress
510) 337-1001	- Province and Straff	(510)	337-1023		drosenfeld@ui	nioncounsel.net
I declare that I have read th	e above petition and that the	statements are true to the	e best of my know	ledge and belief.		
Name (Print)	Signature	Title			Date	
Caren P. Sencer		Attorn	ey		March 16,	2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
32-RC-217273	03/27/2018				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should notset showing of interest should only be filed with the NLRB and should notset showing of interest should only be filed with the NLRB and should notset should <a href="mailto:notse

(Form NLRB-505); and (3) Descript with the NLRB and should <u>not</u> be s	ion of Repres	entation C	ase P	Procedures (Form NL	RB 4812). The si	howing of int	erest should only be filed
1. PURPOSE OF THIS PETITION: RC-CEI	RTIFICATION OF	F REPRESE	NTATI	VE - A substantial number	of employees wish to	be represented	for purposes of collective
bargaining by Petitioner and Petitioner de requests that the National Labor Relat	esires to be certificiate ions Board process.	ied as repres ceed under i	ts pro	e of the employees. The per authority pursuant to	Petitioner alleges the Section 9 of the Na	nat the following ational Labor Re	g circumstances exist and Plations Act.
2a. Name of Employer	2b. Ad	dress(es) of Establishmen	t(s) involved (Street a	and number, city	State, ZIP code)		
MV Transportation, Inc. 2240 3a. Employer Representative – Name and Title				Tully Road, San Jos 3b. Address (If same as		122	
Patricia Talbott, General Manage				same	s 2b – state same)		
3c. Tel. No.	3d. Cell No.			3e. Fax No.		3f. E-Mail Add	ess
(408) 321-2390				(408) 321-8935		patricia.talb	ott@mvtransit.com
4a. Type of Establishment (Factory, mine, w Paratransit Provider	rholesaler, etc.)	4b. Princip Paratran		duct or service Prvices		5a. City a	and State where unit is located: se, CA
5b. Description of Unit Involved							6a. No. of Employees in Unit:
See Attached Excluded:		145		90			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
Ħ — —	(Date)	(If no reply re	eceived				ined recognition on or about
8a. Name of Recognized or Certified Barg				8b. Address	certification under the	ACI.	
None.	9d Call No			L Oo For No		0/ = 1/ 1/ 1/	
8c. Tel No.	8d Cell No.			8e. Fax No.		8f. E-Mail Addı	ess
8g. Affiliation, if any				8h. Date of Recognition o	or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the En	mployer's establi				kimately how many er	nployees are pa	ticipating?
(Name of labor organization)	Potitioner and the			eted the Employer since (
Organizations or individuals other than F known to have a representative interest in a	ny employees in	the unit desc	ribed in	n item 5b above. (If none,	ed recognition as rep , so state)	resentatives and	other organizations and individuals
10a. Name	10b. Ad	dress			10c. Tel. No.		10d. Cell No.
None.					10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conducts any such election. 				r position with respect to	11a. Election Type	: V Manual	Mail Mixed Manual/Mail
11b. Election Date(s): April 18, 2018	12:45-1			11d. Election Location(s): 5 pm; 4:45-5:15 pm 3990 Zanker Road and 2240 Tully Road, San Jose, CA			Road, San Jose, CA
12a. Full Name of Petitioner (including lo Teamsters Local 287				12b. Address (street and number, city, state, and ZIP code) 1452 North Fourth Street, San Jose, CA 95112-4778			
12c. Full name of national or international la International Brotherhood of Teamsters, C	bor organization change to Win	of which Peti	itioner i	is an affiliate or constituen	nt (if none, so state)		
12d. Tel No. (408) 453-0287	12e. Cell No. (408) 759-9657					12g. E-Mail Ad MerrileeZ@tea	
13. Representative of the Petitioner who	will accept serv	ice of all par	pers fo	r purposes of the repres	sentation proceeding	g.	
13a. Name and Title Andrew H. Bake	er, Attorney			13b. Address (street and 483 Ninth Street, Suite 200,		and ZIP code)	
13c. Tel No. (510) 625-9700	13d. Cell No.			13e. Fax No. (510) 625-8275		13f. E-Mail Add abaker@beesd	
I declare that I have read the above petition	~ 1	statements :	are tru	e to the best of my know	vledge and belief.		
Name (Print) Andrew H. Baker, Attorney	nature 1	Bur		Title Attorney for Petitioner		Date March 27.	2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

ATTACHMENT

to

RC PETITION NO. 5b

5b. Description of Unit Involved

By this petition, Petitioner seeks a self-determination election among the employees in the following residual unit to determine whether they wish to be represented as part of the existing bargaining unit between Petitioner and the Employer.

Residual Unit.

Included: All full-time and regular part-time Window Dispatchers, Reservationists, Analysts, Customer Service employees (including leads), Data Entry employees, and Mechanics employed by the Employer at is, San Jose (Tully Road and Zanker Road), CA, facility;

Excluded: All other employees, guards, and supervisors as defined by the Act.

Current Unit.

Included: All full-time and regular part-time Drivers, Dispatchers, Fuelers and Utility employees employed by the Employer at its San Jose (Tully Road and Zanker Road) and San Martin, CA, facilities;

Excluded: Managerial and administrative employee, office/clerical employees, mechanics, all other employees, guards, and supervisors as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE				
32-RC-217504	Date Filed 3/30/2018			

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

with the NLRB and should <u>not</u> be				IND 4012). The s	niowing or ini	erest should only be med
PURPOSE OF THIS PETITION: RC-Cl bargaining by Petitioner and Petitioner requests that the National Labor Rel.	ERTIFICATION OF desires to be certification	REPRESENTA ed as represent	ATIVE - A substantial number lative of the employees. The	Petitioner alleges t	hat the followin	g circumstances exist and
2a. Name of Employer IAP Worldwide Services, Inc.		2b.	Address(es) of Establishments on Air National Guar	nt(s) involved (Street	and number, city	
3a. Employer Representative – Name an Steve Oldham, Site Manager	d Title		3b. Address (If same a same	is 2b – state same)		
3c. Tel. No. (559) 347-5669	3d. Cell No.		3e. Fax No.		3f. E-Mail Add steven.oldh	ress nam@iapws.com
4a. Type of Establishment (Factory, mine, Government Support	wholesaler, etc.)	4b. Principal p Aircraft Ma	product or service intenance		5a. City Fresno	and State where unit is located:
5b. Description of Unit Involved Included: All computer progra	mmers work	ing at Fres	sno Air National Gu	ard Base in F	resno CA	6a. No. of Employees in Unit: 9
Excluded: All others						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
 	(Date) (If no reply recei		, ,		lined recognition on or about
8a. Name of Recognized or Certified Ba	rgaining Agent (If	none, so state	b). 8b. Address			
8c. Tel No. (559) 347-5669	8d Cell No.		8e. Fax No.		8f. E-Mail Add steven.oldhan	
8g. Affiliation, if any			8h. Date of Recognition of	or Certification		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at the I (Name of labor organization) 10. Organizations or individuals other than	Petitioner and thos	has p	nicketed the Employer since on 8 and 9, which have claim	ned recognition as re		
known to have a representative interest in 10a. Name	any employees in t		ed in item 55 above. (It none	10c. Tel. No.		10d. Cell No.
iva. Name	TOD. AGO	11033		10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB conduc	s an election in this	s matter state y	your position with respect to			
any such election. 11b. Election Date(s):	11c. Ele	ection Time(s):	1. Property - 200 Carrier (1975) - 100 Carrier (19	11a. Election Type 11d. Election Loca	ation(s):	MailMixed Manual/Mail
Tuesday, April 10, 2018 12a. Full Name of Petitioner (including I	ocal name and nu			Employee Break Room 5168 E. Dakota Fresno CA 12b. Address (sireet and number, city, state, and ZIP of		city, state, and ZIP code)
International Association of Machinists a 12c. Full name of national or international International Association of Machinists a	abor organization of	of which Petition	ner is an affiliate or constituer	544 W. Olive Ave at (if none, so state)	., Fresno, CA 9	33728
12d. Tel No. 559-264-2815	12e. Cell No.	, , , , , , , , , , , , , , , , , , ,	12f. Fax No. 510-632-4171		12g. E-Mail Address jeremycelaya@comcast.net	
13a. Name and Title Caren P. S	perior to the district of the contribution of		13b. Address (street an Weinberg, Roger & Rosenf	d number, city, state,	ng. , and ZIP code)	
13c. Tel No. 510-337-1001	13d. Cell No.		13e. Fax No. 510-337-1023		13f, E-Mail Ad	
I declare that I have read the above peti-	ion and that the s	tatements are	true to the best of my know	wledge and belief.		
Name (Print) S Caren P. Sencer	gnature		Title Attorney		Date March 29.	2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Marie Walcek

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
32-RC-217519	Date Filed 3/30/2018			

03/30/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 5555 W. Las Positas Blvd., Pleasanton, CA 94588 The Hospital Committee for the Livermore-Pleasanton Areas, d/b/a ValleyCare Medical Center 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Scott Gregerson, President same 3f. E-Mail Address 3e. Fax No. 3c. Tel. No 3d Cell No. 925-416-6812 sgregerson@stanfordhealthcare.org 925-416-3504 703-946-5219 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Pleasanton, California Acute Care Hospital Healthcare 5b. Description of Unit Involved 6a. No. of Employees in Unit: 350 Included: See Attachment A 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attachment A Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8f. F-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i - Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10d. Cell No. 10c. Tel. No. 10a. Name 10b. Address 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 6:00-9:00AM, 1:00-3:00PM, and 6:00-9:00PM 2W Conference Room April 13, 2018 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) California Nurses Association/National Nurses United (CNA/NNU) 155 Grand Ave., Oakland, CA 94612 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) 12e. Cell No. 12g. E-Mail Address 12d. Tel No. 510-273-2200 510-663-4822 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Marie Walcek 13b. Address (street and number, city, state, and ZIP code) Legal Dept., 155 Grand Ave., Oakland, CA 94612 13f. E-Mail Address 13d. Cell No. 13e. Fax No. 13c. Tel No. 510-517-1871 510-663-4822 mwalcek@calnurses.org 510-433-2742 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date

Legal Counsel WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Date Filed: 3/30/2018

Attachment A

RC Petition The Hospital Committee for the Livermore-Pleasanton Areas, d/b/a ValleyCare Medical Center

by California Nurses Association/National Nurses United (CNA/NNU)

5. Unit Involved

Included:

All full-time, regular part-time, and per diem Registered Nurses, including those who serve as relief charge nurses, employed by the Employer at its ValleyCare Medical Center facility in Pleasanton, California.

Excluded:

All other employees, nurse educators, infection control nurses, case managers, quality management specialists, full-time charge nurses, RNs employed by registries or other agencies providing outside labor to the Employer, office clerical employees, nurse administrators, managerial employees, confidential employees, guards, and supervisors within the meaning of the Act.

Eligibility date is pay period ending Saturday, March 24, 2018.

Per diem/floater/casual RNs are eligible if they have regularly averaged four hours or more per week in the 13 weeks before the March 24, 2018 eligibility date.

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
32-RC-217589	04/02/2018			

				ICO EI/OO		01/02/2010	
INSTRUCTIONS: Unless e-Filed	STRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region						
in which the employer concerne							
of service showing service on to	he employer and	all other partie	s named in the petition	on of: (1) the petit	ion; (2) State	ment of Position form	
(Form NLRB-505); and (3) Desci	ription of Repres	entation Case F	Procedures (Form NL	RB 4812). The sh	owing of inte	rest should only be filed	
with the NLRB and should not b	e served on the	employer or an	y other party.	90.0	(575)	=	
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petitioner	er desires to be certifi	ed as representa iv	ve of the employees. The	Petitioner alleges th	at the following	circumstances exist and	
requests that the National Labor R 2a. Name of Employer	elations Board prod		dress(es) of Establishmen				
AarhusKarlshamm (AAK) d/b/a	California Oils O		Harbour Way S., Ric		CONTROL OF THE PROPERTY OF THE PARTY OF THE	,,	
3a. Employer Representative – Name			3b. Address (If same as				
Bryant Mangless, Director of Site Operation:		e Deakins, Attorney	same				
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addre	ess	
510-367-8273 (Mangless)					bryant mangless@a	aak.com; john.ferrer@ogletreedeakins.com	
4a. Type of Establishment (Factory, min	ne, wholesaler, etc)	4b. Principal pro	duct or service	•	5a. City a	nd State where unit is located:	
manufacturer		vegetable oils	3		Richmon	nd, CA	
5b. Description of Unit Involved	10 100 TENNS		200 U 10 10 10	VV (VV) 10 00		6a. No. of Employees in Unit: 7 employees to be added to unit	
Included: quality control (laborato bargaining unit (Armour		ne and regular pa	art time employees to b	e added to the exis	ting	6b. Do a substantial number (30%	
Excluded:	-Globe)					or more) of the employees in he	
Office clericals,	guards, mana	agers, and s	supervisors as de	efined in the A	Act	unit wish to be represented by the Petitioner? Yes ✓ No	
Check One: 7a. Request for			itive was made on (Date)		d Employer decli	ned recognition on or about	
(Date) (If no reply received, so state). no reply received							
	, ,	0 0	epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified I none for quality control and lead empl		none, so state).	8b. Address				
8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address							
8g. Affiliation, if any			8h. Date of Recognition or	8h. Date of Recognition or Certification 8i. Expiration Date of Current of Contract, if any (Month, Day, Yang)			
9. Is there now a strike or picketing at th	e Employer's establis	shment(s) involved	? no If so, approx	rimately how many em	plovees are par	ticipating?	
(Name of labor organization)		has pick	keted the Employer since (I	Month, Day, Year)			
 Organizations or individuals other th known to have a representative interest none 					resentatives and	other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB cond any such election. 	r position with respect to 11a. Election Type: Manual Mail			Mail Mixed Manual/Mail			
11b. Election Date(s):	11d. Election Location(s):						
April 17, 2018 12a. Full Name of Petitioner (includin Warehouse Union Local 6	refinery break room 12b. Address (street and number, city, state, and ZIP code) 99 Hegenberger Road, Oakland, CA 94621-1485						
12c. Full name of national or internation		of which Petitioner	is an affiliate or constituen		oad, Oakiarid, C	A 9402 I- 1403	
International Longshore and Warehous 12d. Tel No.	12e. Cell No.		12f. Fax No.	T	12g. E-Mail Add	dreee	
(510) 638-5605	C 75 COSCOPIO C 87500 C 104 C 000 C		(510) 638-3297			u1033	
13. Representative of the Petitioner w		15. 15.	or purposes of the repres	entation proceeding	STREET, SEC. LT.		
13a. Name and Title Emily M. N	13b. Address (street and number, city, state, and ZIP code) 1188 Franklin St, Ste. 201, San Francisco, CA 94109						
13c. Tel No. (415) 771-6400	13d. Cell No.		13e. Fax No.				
I declare that I have read the above p	etition and that the	statements are tru					
Name (Print)	Signature /	1115	Title		Date		
Emily M. Maglio	my/	"My	Attorney		April 2, 201	8	

WILLFUL FALSE STATEMENTS ON THIS PETITION COME BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WR	ITE IN THIS SPACE
Case No.	Date Filed
32-RC-217869	04/05/2018

RC PETITION

in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Healthcare Services Group, Inc. 475 29th Street, Oakland, California 94609 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 5199 E. Pacific Coast Hwy., #402, Long Beach, CA 94804 Devin Steinbach, Director of Operations 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (916) 661-8548 (800) 421-9271 devin.steinbach@hcsgcorp.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Oakland, California Skilled Nursing Facility Subcontractor for Laundry, Housekeeping, and Janitorial services 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Laundry, Housekeeping, and Janitorial employees 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, including managers, guards, and supervisors as defined by the Act unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) This petition and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c, Tel, No. 10d Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): April 19, 2018 11:30am to 2:30pm Facility - Break rooms or supply room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 2910 Beverly Blvd., Los Angeles, CA 90057 Service Employees International Union, Local 2015 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union 12e. Cell No. 12g. E-Mail Address 12d. Tel No. 213-422-6038 213-985-0398 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Manuel A. Boigues, Attorney for Union 13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13e. Fax No. 13d. Cell No. 13f. E-Mail Address 13c. Tel No. 510-337-1023 mboigues@unioncounsel.net 510-337-1001 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Attorney for Union Manuel A. Boiques

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE Date Filed 05/09/2019

PC PETITION

	TITION			KC-219000		03/00/2010	
INSTRUCTIONS: Unless e-Filed to	ising the Agend	y's website, <u>v</u>	<u>vww.nlrb.gov</u> , submit a	an original of this	Petition to a	n NLRB office in the Region	
in which the employer concerned							
of service showing service on th							
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed							
with the NLRB and should not be						- W W	
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner requests that the National Labor Re	desires to be certif	ied as representa	tive of the employees. The	Petitioner alleges th	at the followin	g circumstances exist and	
2a. Name of Employer	Total Control of the	2b. /	Address(es) of Establishmen	t(s) involved (Street a	nd number, city	, State, ZIP code)	
Sutter Care at Home-VNA Santa		288	O Soquel Avenue, Suit		z, CA 95062	2	
3a. Employer Representative – Name a Meg López	and Title		3b. Address (If same as same	s 2b – state same)			
3c. Tel. No.	3e. Fax No.			sutterhealth.org			
4a. Type of Establishment (Factory, mine Home healthcare	, wholesaler, etc.)	4b. Principal p Healthcare	roduct or service		5a. City Santa	and State where unit is located:	
5b. Description of Unit Involved		rieatticare	0.000		Oanta	6a. No. of Employees in Unit:	
Included: Technical employees	amployed by the	employer in	the classification of Ph	vsical Therany As	eietante	3	
Excluded:			guards and supervise			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 4/27/18 and Employer declined recognition on or about 4/27/18 (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.							
8a. Name of Recognized or Certified B							
None							
8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address							
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating?							
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None							
10a. Name	9	10c. Tel. No.		10d. Cell No.			
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB condu	our position with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail			
11b. Election Date(s): 5/30/2018		11d. Election Location(s): 2nd Floor - Conference Room, 2880 Soquel Ave. Santa Cruz					
12a. Full Name of Petitioner (including National Union of Healthcare Workers	12b. Address (street and number, city, state, and ZIP code) 5801 Christie Avenue, Suite 525						
12c. Full name of national or international None	l labor organization	of which Petition	er is an affiliate or constituer	nt (if none, so state)			
12d. Tel No. (510) 834-2009	12e, Cell No. 831-521-8493	(Grant Hill)	12f. Fax No. (510) 834-2019		12g. E-Mail A ghill@nuhw.o		
13. Representative of the Petitioner w				sentation proceeding].	****	
13a. Name and Title Latika Mal	13b. Address (street an 1939 Harrison St. #307, Oal	d number, city, state,					
13c. Tel No. 510-452-5000	13d. Cell No.		13e. Fax No. 510-452-5004		13f. E-Mail Ad Imalkani@sl-	ddress employmentlaw.com	
I declare that I have read the above pe	tition and that the	statements are					
Name (Print) Latika Malkani	1 01	latam	Title Attorney, Siegel LeWitt	***	Date May 8, 20	18	
I married irridation in	047	•	,, 0.090. =51110	TO CARTE THE PARTY OF THE PARTY	, , , , ,	250.70	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE	E IN THIS SPACE
Case No. 32-RC-219934	Date Filed 05/09/2018

### With the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION. RC-GERIFICATION OF REPRESENTATIVE - substantial number of employers wish to be represented for purposes Schillective requirements and the served on the employer or any other party. 1. PURPOSE OF THIS PETITION. RC-GERIFICATION OF REPRESENTATIVE - substantial number of employers wish to be represented for purposes Schillective requirements and provided in the following circumstance of the represented for purposes Schillective requirements and the requirements and	NSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u> , submit an original of this Petition to an NLRB office in the Region which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form							
bargaining by Petitioner and Petitioner desires to be cartified as representative of the employees. The Petitioner alleges that the following circumstanc® exist and requests that the National Labor Relations Act	(Form NLRB-505); and (3) Descript with the NLRB and should not be s	ion of Represe erved on the e	entation Case I employer or an	Procedures (Form NLI y other party.	RB 4812). The sl	howing of inte	erest should	only be filed
Foothill Community Health Center 2670 S. White Rd., Ste 200, San Jose, CA 95148 3a. Employer Representative - Name and Title Salvador Chavarin, CEO 3a. Employer Representative - Name and Title Salvador Chavarin, CEO 3c. Tel. No. 3e. Fax No. 3e. Fax No. 3e. Fax No. 3f. E-Nail Address 3f. E-Mail Address 5a. City and Stafe whelp finit is located: San Jose, CA 5a. City and Stafe whelp finit is located: San Jose, CA 5a. City and Stafe whelp finit is located: San Jose, CA 5a. City and Stafe whelp finit is located: San Jose, CA 5a. City and Stafe whelp finit is located: San Jose, CA 5a. City and Stafe whelp finit is located: San Jose, CA 5a. No. 5a.	bargaining by Petitioner and Petitioner de requests that the National Labor Relat	esires to be certifi	ed as representati eed under its pro	ve of the employees. The per authority pursuant to	Petitioner alleges the Section 9 of the Na	at the following itional Labor Re	circumstances	exist and
Salvador Chavarin, CEO 3c. Tel. No. 3c. Fax No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Fax No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Fax No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Fax No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Fax No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Fax No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Fax No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Fax No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Fax No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Fax No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Fax No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA San Jose, CA No. 3c. Cly and Stafe wherly init is bedied: San Jose, CA No. 3c. Cly and Stafe wherly init is bedied: San Late that the antity is the milet init is the milet init is the milet	Foothill Community Health Center			S. White Rd., Ste.20	0, San Jose, CA		Ê.	. 05
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare 5b. Description of Unit Involved Healthcare 5c. City and Stafe whelefamil is located: San Jose, CA 133 6b. Do a substantial number (30% or more) of the employees in Unit: 33 6b. Do a substantial number (30% or more) of the employees in Unit: 33 6c. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [7] No [7] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 4/18/18 and Employer declined recognition on or about 4/2/20/18 [Oate) (If no reply received, so state). 7b. Petitioner? Service as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8d Cell No. 8d Cell No. 8d Fax No. 8l. E-Mail Address 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10d. Fax No. 10d. Cell No. 10d. Fax No. 10d. Cell No. 10d. Fax No. 11d. Election Type: Manual Mail Mixed Manual/Mail any such election. 11d. Election Type: Manual Mail Mixed Manual/Mail any such election. 11d. Election Type: Manual Manual Manual/Mail any such election. 11d. Election Type: John Address 11d. Address (street and number, city, state, and 2IP code) 12d. Address (street and number, city, state, and 2IP code) 12d. Address (street and number, city, state, and 2IP code) 2015 Naglee Ave. San Jose, CA 95128	Salvador Chavarin, CEO same				2b – state same)		=	ഇ:
Healthcare 5b. Description of Unit Involved 5c. Excluded: Managers, guards, and supervisors as defined by the act. 5c. Description of Unit Involved 6c. Check One: 7c. Request for recognition as Bargaining Representative was made on (Date) 4/18/18 and Employer declined recognition on or about 4/20/18 (Date) (If no reply received, so state). 7c. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8c. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Et No. 8c. Fax No. 8c. Fax No. 8d. Expiration Date of Current or Most Recont Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10c. Fax No. 10d. Cell No. 11b. Election Details: if the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail Mixed Manual/Ma	408-729-9700			866-931-7822		schavarin@s	sjiiccary	
Included: Behavioral Health Clinicians and Case Managers Excluded: Managers, guards, and supervisors as defined by the act. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 4/18/18 and Employer declined recognition on or about 4/20/18 [Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8d Cell No. 8d Cell No. 8d Cell No. 8h. Date of Recognition or Certification 8b. Address 8c. Tel No. 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 110. Fax No. 100. Tel. No. 101. Tel. Manual Manual/Mail any such election. 111. Election Date(s): 112. Election Date(s): 114. Election Date(s): 115. Address (street and number, city, state, and ZIP code) 2015 Naglee Ave. San Jose, CA 95128	Healthcare	rholesaler, etc.)		duct or service			e, ĊA 🔨) _{[V1}
Excluded: Managers, guards, and supervisors as defined by the act. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 4/18/18 and Employer declined recognition on or about 4/18/18 and Employer declined recognition on or about 5/18/18 and Employer declined recognition on or about 6/18/18/18 and Employer declined recognition or about 6/18/18/18/18/18/18/18/18/18/18/18/18/18/		Clinicians	and Case	Managers			33	
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8d Cell No. 8d. Date of Recognition or Certification 8h. Date of Recognition or Certification 8h. Date of Recognition or Certification 8h. E-Mail Address 8h. E-Mail Address 8h. E-Mail Address 8h. Date of Recognition or Certification 8h. Date of Recognition or Certification 8h. Date of Recognition or Certification 8h. E-Mail Address 8h. E-Mail Address 8h. Date of Recognition or Certification 8h. E-Mail Address 8h. E-Mail Address 8h. Date of Recognition or Certification 8h. E-Mail Address 8h. E-Mail Address 8h. E-Mail Address 9 h. E-Mail Address 9 h. E-Mail Address 10 Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11b. Election Date(s): 11c. Election Time(s): 11d. Election Date(s): 11d. Election Location(s): 11d. Election Location(s): 11d. Election Location(s): 11d. Election Date(s): 11d. Election Date(s): 11d. Election Location(s): 11d. Address (street and number, city, state, and ZIP code) 2015 Naglee Ave. San Jose, CA 95128	Excluded: Managers guards and supervisors as defined by the act or more) of the employees in the unit wish to be represented by							employees in the represented by the
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in items 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11b. Election Date(s):	4/20/18 (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.							
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 2015 Naglee Ave. San Jose, CA 95128	- 1 C C C C C C C C C C C C C C C C C C	gaining Agent (If	none, so state).	8b. Address				
9. Is there now a strike or picketing at the Employer's establishment(s) involved?	8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addr	ess	
(Name of labor organization), has picketed the Employer since (Month, Day, Year)	Contract, if							
known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s):	- Mary 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 -							
10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 11d								ons and individuals
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11b. Election Date(s):	10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.	
any such election. 11b. Election Date(s):					10e. Fax No.		10f, E-Mail Ad	Idress
early as possible n/a n/a n/a 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) Communications Workers of America, Local 9423 2015 Naglee Ave. San Jose, CA 95128	any such election.			ur position with respect to			Mail M	xed Manual/Mail
Communications Workers of America, Local 9423 2015 Naglee Ave. San Jose, CA 95128	early as possible		n/a					
	Communications Workers of America, Lo		2015 Naglee Ave. San Jose, CA 95128					
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Communications Workers of America	Communications Workers of America		or which Petitioner		t (ir none, so state)			
12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 408-278-9423 805-704-1996 408-280-5942 rhogue@cwa9423.org	408-278-9423	805-704-1996		408-280-5942		rhogue@cwa94	423.org	·
13a. Name and Title Robert Hogue, Vice President 13b. Address (street and number, city, state, and ZIP code) 2015 Naglee Ave. San Jose, CA 95128	A STATE OF THE PARTY OF THE PAR			13b. Address (street and	d number, city, state,	The transfer of the second of	2	20 22
13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 100 - 408-278-9423 805-704-1996 408-280-5942 rhogue@cwa9423.org 100 - 10				13e, Fax No. 13f, E-Mail Address - rhoque@cwa9423.crd			fress 423.org	
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			statements are tr		ledge and belief.	L Data	0	
Name (Print) Robert Hogue Title Vice President WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)	Robert Hogue	Ku	/\-	Vice President	IMPRISONMENT (II	5/9/18		

PRIVACY ACT STATEMENT -

RC PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
32-RC-220150	05/14/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2477 Arnold Industrial Way 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2477 Arnold Industrial Way CA Concord 94520-5335 Tim McGowan 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address tim.mcgowan@firstgroup.com (925) 943-1829 (925) 303-9410 (925) 687-3247 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation **Public Transit** Concord, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 9 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: <a> Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): June 5, 2018 7:00 pm to 10:00 pm Breakroom 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Robert Jackson Amalgamated Transit Union Local 1605 1529 Limewood Pl CA Pittsburg 94565-5666 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
Amalgamated Transit Union 12g. E-Mail Address rjackdriver1@gmail.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (925) 726-1982 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Daniel Smith Assistant General Counsel Amalgamated Transit Union 10000 New Hampshire Ave MD Silver Spring 20903-1790 13c Tel No 13d Cell No. 13e. Fax No. 13f. E-Mail Address dsmith@atu.org (301) 431-7100 (202) 714-4219 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Assistant General Counsel Daniel B. Smith 05/14/2018 15:02:55 **Daniel Smith**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE Case 32-RC-220150	IN THIS SPACE
Case	Date Filed
32-RC-220150	05/14/2018

Employees Included

All full-time and regular part-time reservationists, dispatchers, schedulers and administrative assistants employed by the Employer at its Concord, CA facility. (The Petitioner seeks an Armour Globe election to include the petitioned-for employees within an existing unit at the Concord, CA facility.)

Employees Excluded

All other employees, office clerical employees, managers, guards, professional employees and supervisors as defined by the Act.

DO NOT WR	RITE IN THIS SPACE
Case No.	Date Filed
32-RC-220581	5/21/2018

RC PETITION

32-RC-220581

5/21/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

of service showing service on the									
(Form NLRB-505); and (3) Descrip	(100m) 10m [10m] 10m [10m] 10m [10m] 10m [10m]					RB 4812). The sl	howing of int	erest should only be filed	
with the NLRB and should <u>not</u> be	served on the e	mployer	or any	y other	party.				
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner or requests that the National Labor Relation	desires to be certifie	ed as repre	its prop	e of the e	employees. The prity pursuant to	Petitioner alleges the Section 9 of the Na	at the following ational Labor R	g circumstances exist and elations Act.	
2a. Name of Employer	Center					t(s) involved (Street a	맛집하다면 하나를 하고하면 하라지만하다	, State, ZIP code)	
Safeway, Inc. (Tracy Distribution 3a. Employer Representative – Name an			10900			Tracy, CA 95377 s 2b – state same)			
Jack Mixey			Same		s 20 – state same)				
3c. Tel. No. (209) 833-4711	3d. Cell No.	cell No.			No. 833-4727		3f. E-Mail Addi	ress @safeway.com	
4a. Type of Establishment (Factory, mine, Grocery Warehouse	wholesaler, etc.)	4b. Princ Grocer		luct or se	rvice			and State where unit is located: , California	
5b. Description of Unit Involved								6a. No. of Employees in Unit: 15	
Excluded: Inventory Clerks Administration, Tr		A2-103713-0-0			2 25/2000		-7.0.	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	
H	(Date) (/	f no reply	received	, so state	By Petit	15/21/2018 and included the certification under the		ined recognition on or about	
8a. Name of Recognized or Certified Bar None					8b. Address				
8c. Tel No.	8d Cell No.			8e. Fax	No.		8f. E-Mail Addr	ress	
8g. Affiliation, if any			1					i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
Is there now a strike or picketing at the E (Name of labor organization)	mployer's establish						nployees are par	rticipating?	
10. Organizations or individuals other than known to have a representative interest in a							resentatives and	other organizations and individuals	
10a. Name	10b. Addi	ress				10c. Tel. No.		10d. Cell No.	
						10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB conduct any such election. 	s an election in this	matter, st	ate your	position	with respect to	11a. Election Type:	✓ Manual	Mail Mixed Manual/Mail	
11b. Election Date(s): 11c. Election Time(s): June 4, 2018 TBD				11d. Election Local Conference Roo			om		
12a. Full Name of Petitioner (including lo Teamsters Local 439	ocal name and nur	nber)				12b. Address (stree 1531 E. Fremont S		city, state, and ZIP code) , CA 95201	
12c. Full name of national or international la International Brotherhood of Teamsters		f which Pe	titioner is	s an affili	ate or constituent	t (if none, so state)			
12d. Tel No. (209) 948-9592	12e. Cell No.			12f. Fax (209) 94			12g. E-Mail Ad Ehernandez@	dress teamsters439.com	
13. Representative of the Petitioner who	will accept servic	e of all pa	pers for	purpos	es of the repres	entation proceeding	J.		
13a. Name and Title David A. Ro	senfeld, A	ttorne	y			I number, city, state, and the state, and the state, and the state of		, Alameda, CA 94501	
13c. Tel No. (510) 337-1001	13d. Cell No.			13e. Fax No.			13f. E-Mail Add	7/17/18/9/28/38/A2/A2/A2/A2/A2/A2/A2/A2/A2/A2/A2/A2/A2/	
I declare that I have read the above petiti	ion and that the st	atements							
Name (Print) Signard W. M. Fujimoto	gnature	2		Title Attorney			Date 5/	21/18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM NLRB-502 (RC)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WR	ITE IN THIS SPACE
Case No. 32-RC-221705	Date Filed 06/08/2018

June 8, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Harrah's Reno, LLC 219 N Center Street, Reno, NV 89501 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Richard N Appel, SVP and Chief Counsel, Labor and Employment One Caesars Palace Drive, Las Vegas NV 89109-8969 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (702) 407-6053 (702) 407-6284 rappel@caesars.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Casino Entertainment Reno, NV 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time stagehands, including stage crew, AV, convention services, and lighting, whose duties include the handling, placing and/or operation of scenery, curtains, theatrical lighting, spot lights, sound and sound accessories, computers and computer equipment, 6b. Do a substantial number (30% ideo equipment, data projectors, and theatrical rigging or more) of the employees in the Excluded: All other employees, including convention ops, housemen, as well as guards, supervisors, office clericals, and managers unit wish to be represented by the as defined by the Act. Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a, Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s) 11c. Election Time(s): 11d. Election Location(s): Bill Harrah room on the 4th floor of the Employer's location Tuesday, June 19, 2018 3:00 p.m. - 4:00 p.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) P.O. Box 9840 Reno, NV 89507 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, Its Territories and Canada 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 775-786-2286 775-686-2401 iatse363@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title David W. M. Fujimoto, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13d. Cell No. 13e. Fax No. 13f. E-Mail Address nlrbnotices@unioncounsel.net 13c. Tel No. 510-337-1001 510-337-1023 dfuilmoto@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Date Name (Print) Signature

David W. M. Fujimoto WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Attorney

32-RC-222302

DO NOT WRITE IN THIS SPACE

Date Filed

06/19/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed

(Form NLRB-505); and (3) Descript with the NLRB and should not be s					RB 4812). The sh	nowing of int	erest should only be filed
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner d requests that the National Labor Rela	RTIFICATION OF esires to be certif	F REPRESE ied as repre	NTATI sentati	VE - A substantial number ve of the employees. The	Petitioner alleges th	at the following	g circumstances exist and
2a. Name of Employer 2b. Address(es) of Establish Storer Transportation 2b. Address(es) of Establish					it(s) involved (Street a	nd number, city	
3a. Employer Representative – Name and Edgar Franco, Manager	d Title			3b. Address (If same at 3519 McDonald Av	HOTOMORE, INTERPRETATION (1997) - 10 Hotomore	95358	
3c. Tel. No. (209) 521-8250	3d. Cell No.			3e. Fax No. (209) 521-3824		3f. E-Mail Add	15074
4a. Type of Establishment (Factory, mine, v Transportation services	vholesaler, etc.)			duct or service on Services		5a. City	and State where unit is located: rd, California
5b. Description of Unit Involved Included: All full-time and regular	part-time aut	AST	700	25 20 10 12 137	prentices employ	yed by the	6a. No. of Employees in Unit:
employer, currently loca Excluded: All other employees, includin Act.	ated at its Hay	ward fac	ility.				6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes 🗸 No
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 6/19/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). by this Petition 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.							lined recognition on or about
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8b. Address							
8c. Tel No.	8d Cell No.	Cell No. 8e. Fax No.			8f. E-Mail Address		
8g. Affiliation, if any				8h. Date of Recognition o	r Certification		Date of Current or Most Recent y (Month, Day, Year)
Is there now a strike or picketing at the E (Name of labor organization)	mployer's establis			? No If so, approximated the Employer since (nployees are pa	rticipating?
Organizations or individuals other than known to have a representative interest in a None						resentatives and	d other organizations and individuals
10a. Name 10b. Address				10c. Tel. No.			10d. Cell No.
					10e. Fax No.	10f. E-Mail Address	
 Election Details: If the NLRB conducts any such election. 	an election in the	is matter, st	ate you	r position with respect to	11a. Election Type:	✓ Manual	MailMixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): 11c. Election Time(s): 11:00 a.m., -11:30 a.m.,				11d. Election Location(s): Employee break room at Hayo			d facility
12a. Full Name of Petitioner (including local name and number) Machinists Local Lodge No. 93, District Lodge No. 190				12b. Address (street and number, city, state, and ZIP code) 2102 Almaden Road, Suite 105, San Jose, CA 95125-2104			
12c. Full name of national or international la International Association of Machinists &	[[마] [프레 : [, 마이 (독일 시하다 시하다 한 100 100 100 100 100 100 100 100 100 1			is an affiliate or constituer	nt (if none, so state)		
12d. Tel No. 12e. Cell No. (408) 440-8716 (831) 512-7904			12f. Fax No. (408) 448-4618		12g. E-Mail Ac pgonzalez93		
13. Representative of the Petitioner who	Court Assessment Commencer Control			or purposes of the repres	sentation proceeding	J.	
13a. Name and Title Caroline N. Cohen, Attorney			y	13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501), Alameda, CA 94501
13c. Tel No. (510) 337-1001	13d. Cell No.	1		13e. Fax No. (510) 337-1023		13f. E-Mail Ad cohen@union	2000 (2000 C) (2000 C) (2000 C) (2000 C)
I declare that I have read the above petiti	on and that the	statements	are tru	e to the best of my know	vledge and belief.	-70-101-7-2	
Name (Print) Signature (Print)	gnature /			Title Attorney		Date June 19,	2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

13c. Tel No.

510-337-1001

Name (Print)

Manuel A. Boigues

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Case No. Date Filed 32-RC-222999 06/29/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4525 West Tulare Avenue, Visalia, CA 93277 Healthcare Services Group, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Ian Hanley, Director of Operations 5199 E. Pacific Coast Hwy., Suite, 352N, Long Beach, CA 90804 3f. E-Mail Address 3d Cell No. 3e Fax No. 408-314-6935 800-884-2769 ian.hanley@hcsgcorp.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Subcontractor for Janitorial, Housekeeping, and Laundry services Visalia, California Skilled Nursing Facility 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Janitorial, Housekeeping, and Laundry employees 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, including managers, managers in training, account managers, guards, and supervisors as defined unit wish to be represented by the by the Act Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) 6/29/18 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c. Tel. No. 10d. Cell No. 10b. Address 10a, Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): Facility - Break rooms July 17, 2018 10 a.m. to 1 p.m. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Service Employees International Union, Local 2015 2910 Beverly Blvd., Los Angeles, CA 90057 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 213-985-1505 213-422-6038 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Manuel A. Boigues, Attorney for Union

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001

Attorney for Union

13e. Fax No.

510-337-1023

13d. Cell No.

pature

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

13f. E-Mail Address

mboigues@unioncounsel.net

PRIVACY ACT STATEMENT

Florice Hoffman

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	RITE IN THIS SPACE	
Case No. 32-RC-223269	Date Filed 07/06/2018	

Date

7/6/2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargeining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Good Samaritan Hospital, Mission Oaks Campus 15891 Los Gatos Almaden Rd., Outpatient Behavioral Health, 2nd Floor, Los Gatos, CA 95032 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Nancy Clark, Vice President Human Resources Good Samaritan Hospital 2425 Samaritan Dr., San Jose, CA 95124 3c. Tel No. 3f. E-Mail Address 408-559-2289 nancy.clark1@hcahealthcare.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Outpatient Behavioral Health Clinic healthcare Los Gatos, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit Included: all regular full-time, part-time and per diem professional employees including Outpatient Behavioral Therapists and 40 Intake and Referral Specialists employed at the Outpatient Clinic located at 15891 Los Gatos Almaden Road, CA 95032 6b. Do a substantial number (30% Excluded: All other employees, managers, confidential employees, physicians, ms, service employees, technical employees, office clericals, and guards and supervisors as defined by the Act, as amended or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) 7/5/2018 and Employer declined recognition on or about No repiv (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. s there now a strike or picketing at the Employer's establishment(s) involved? _no_ __ If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail any such election. Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): July 18-31 NA 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) National Union of Healthcare Workers ("NUHW") 5801Christie Ave., Suite 525, Emeryville, CA 94608 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) None 12d, Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 510-834-2009 707-601-1886 510-834-2019 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. spage@nuhw.org 13a. Name and Title Florice Hoffman, Attorney 13b. Address (street and number, city, state, and ZIP code) 8502 East Chapman Ave., Suite 353, Orange, Ca 92869 13c. Tel No. 13c. Cell No. 13e. Fax No. 13f. E-Mail Address 714-282-1179 626-524-5965 714-2827918 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. fhoffman@socal.rr.com Name (Print) Signature Title

Florica Hoffman WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attorney

DO NOT WRITE IN THIS SPACE Case No 32-RC-223579

Date Filed 7/12/2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition: (2) Statement of Position form

(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed							
with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective							
bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.							
2a. Name of Employer Pacific Gas and Electric C	ress(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 77 Beale St, San Francisco CA 94105						
3a. Employer Representative – Name and Title Stacey Campos			3b. Address (If same as 2b – state same) same				
3c. Tel. No. 415-973-5357	3d. Cell No. 415-85	50-6340	3e. Fax No. 415-973-5520		3f. E-Mail Address SACH@pge.com		
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Gas and Electric Utility 4b. Principal proc Gas and E			duct or service Electric service			5a. City and State where unit is located: Northern California	
5b. Description of Unit Involved Included: Sourcing Specialist, Associate; Sourcing Specialist; Sourcing Specialist, Senior; Sourcing Specialist, Expert - See 6a. No. of Employees in Control of Unit Involved 39						6a. No. of Employees in Unit: 39	
Attachment A Excluded: All other employees - See Attachment A						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 7/12/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.							
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Engineers and Scientists of California, Local 20 IFPTE 8b. Address 810 Clay St, Oakland CA 94607							
8c. Tel No. 510-238-8320	8d Cell No.				8f. E-Mail Address ksawislak@ifpte20.org		
8g. Affiliation, if any International Federation of Professional and Technical Engineers, AFL-CIO & CLC					ate of Current or Most Recent (Month, Day, Year) 12/31/2019		
9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization), has picketed the Employer since (Month, Day, Year)							
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None							
10a. Name	10b. Address		**	10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB conducts any such election. 	r position with respect to	11a. Election Type:		Mail Mixed Manual/Mail			
11b. Election Date(s): Mail Ballots on August 1, 2018	(Water Admittal)	11d. Election Location(s):					
12a. Full Name of Petitioner (including lo Engineers and Scientists of C		12b. Address (street and number, city, state, and ZIP code) 810 Clay St, Oakland, CA, 94607					
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Federation of Professional and Technical Engineers, AFL-CIO & CLC							
12d. Tel No. 510-238-8320		34-7088	12f. Fax No. 510-238-8324		12g. E-Mail Address jwright@ifpte20.org		
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Emily Maglio, Attorney and Jonathan T. Wright, Union Representative/Organizer 13b. Address (street and number, city, state, and ZIP code) 810 Clay St. Oakland. CA, 94607							
13c. Tel No. 415-771-6400 and 510-238-8320		510-384-7088	The state of the s	13f. E-Mail Address emaglio@leonardcarder.com and jwright@ifpte20.org			
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.							
Name (Print) Signature Signature			Title Organizer		Date	July 12, 2018	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Date Filed: 7/12/2018

Attachment A

To RC Petition filed on 7/3/2018 by ESC Local 20, IFPTE (ESC) for *Armour-Globe* self-determination election to add **Sourcing Specialists** to existing bargaining unit.

5b. Description of Unit Involved:

Included:

All full-time and part-time employees employed by the employer at all its locations in the Sourcing Department in the following classifications:

Sourcing Specialist, Associate; Sourcing Specialist; Sourcing Specialist, Senior; Sourcing Specialist, Expert

These employees are petitioning to join the existing ESC-represented Professional & Technical Unit, comprised of approximately 3300 employees, and request an *Armour-Globe* election.

Excluded:

All other employees, confidential employees, guards, managers and supervisors as defined by the Act.

DO NOT WRITE IN THIS SPACE

Case No. 32-RC-223731

Date Filed 7/16/2018

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) The Hospital Committee for the Livermore-Pleasanton Areas, d/b/a ValleyCare Medical Center See Attachment A 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Scott Gregerson, President 5555 W. Las Positas Blvd., Pleasanton, CA 94588 3c Tel No 3d. Cell No. 3f. E-Mail Address 925-416-3504 703-946-5219 925-416-6812 sgregerson@stanfordhealthcare.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Pleasanton, Livermore, & Dublin, CA Acute Care Hospital Healthcare 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attachment A 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attachment A Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Dav. Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a, Name 10b. Address 10c. Tel. No. 10d, Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s) Doctors' Dining Room, SNF 1st Floor Tuesday, August 7, 2018 6:30-8:30AM, 12:00-1:30PM, and 6:30-8:30PM 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) California Nurses Association/National Nurses United (CNA/NNU) 155 Grand Ave., Oakland, CA 94612 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) 12d. Tel No. 12e. Čeli No. 12f. Fax No. 12g. E-Mail Address 510-663-4822 510-273-2200 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Marie Walcek 13b. Address (street and number, city, state, and ZIP code) Legal Dept., 155 Grand Ave., Oakland, CA 94612 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address mwaicek@calnurses.org 510-433-2742 510-517-1871 510-663-4822 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Marie Walcek Legal Counsel

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Date Filed: 7/16/2018

Attachment A

RC Petition The Hospital Committee for the Livermore-Pleasanton Areas, d/b/a ValleyCare Medical Center

by California Nurses Association/National Nurses United (CNA/NNU)

2b. Address(es) of Establishment(s) involved

5555 W. Las Positas Blvd., Pleasanton, CA 94588 1111 E. Stanley Blvd., Livermore, CA 94550 1133 E. Stanley Blvd., Livermore, CA 94550 4000 Dublin Blvd., Dublin, CA 94568

5. Unit Involved

Existing Unit:

Included:

All full-time and regular part-time Registered Nurses, including those who serve as relief charge nurses and orthopedic coordinators, employed by the Employer at its facilities located at 5555 W. Las Positas Blvd., Pleasanton, California.

Excluded:

All other employees, nurse educators, patient navigators, infection control nurses, case managers, quality management specialists, lactation consultants, wound care nurses, RNs employed by registries or other agencies providing outside labor to the Employer, nurse administrators, managerial employees, confidential employees, office clerical employees, guards, and supervisors (including charge nurses), as defined in the Act.

Voting Group:

Included:

All full-time, regular part-time, and per diem Registered Nurses, including those who serve as relief charge nurses, employed by the Employer at its facilities located at 1111 E. Stanley Blvd., Livermore, California, 1133 E. Stanley Blvd., Livermore, California, and 4000 Dublin Blvd., Dublin, California.

Excluded:

All other employees, nurse educators, patient navigators, infection control nurses, case managers, quality management specialists, lactation consultants, wound care nurses, RNs employed by

registries or other agencies providing outside labor to the Employer, nurse administrators, managerial employees, confidential employees, office clerical employees, guards, and supervisors (including charge nurses), as defined in the Act.

Eligibility date is pay period ending Saturday, July 14, 2018.

Per diem/floater/casual RNs are eligible if they have regularly averaged four hours or more per week in the 13 weeks before the July 14, 2018 eligibility date.

Resulting Unit:

Included:

All full-time and regular part-time Registered Nurses, including those who serve as relief charge nurses and orthopedic coordinators, employed by the Employer at its facilities located at 5555 W. Las Positas Blvd., Pleasanton, California, 1111 E. Stanley Blvd., Livermore, California, 1133 E. Stanley Blvd., Livermore, California, and 4000 Dublin Blvd., Dublin, California.

Excluded:

All other employees, nurse educators, patient navigators, infection control nurses, case managers, quality management specialists, lactation consultants, wound care nurses, RNs employed by registries or other agencies providing outside labor to the Employer, nurse administrators, managerial employees, confidential employees, office clerical employees, guards, and supervisors (including charge nurses), as defined in the Act.

DO NOT WRITE IN THIS SPACE				
Case No. 32-RC-224295	Date Filed	07/24/2018		

RC PETITION

32-RC-224295

07/24/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Good Samaritan Hospital 2425 Samaritan DrSan Jose CA 95124-3985 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Sam Romano-Corporate Director of Employee & Labor Relations SAME 3d Cell No. 3e. Fax No. 3f. E-Mail Address (408) 559-2426 samuel.romano@hcahealthcare.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Hospital Health Services San Jose CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Full and Part-time Clinical Dietitians, Dietitians and Lead Dietitians 6b. Do a substantial number (30% or more) of the employees in the Excluded: Directors, Managers, Supervisors, all other classifications or employees unit wish to be represented by the Petitioner? Yes ✔ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE Bc. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mixed Manual/Mail Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 8-9AM; 12-1PM Hospital Room HAT 2 August 16, 2018 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Engineers and Scientists of California Local 20 810 Clay Street, Oakland CA 946077 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) N International Federation of Professional and Technical Engineers, AFL-CIO & CLC 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 12d, Tel No. 510 238 8320 415 279 9950 510 238 8324 nsteinmeier@ifpte20.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Danielle Lucido - Chief Counsel 13b. Address (street and number, city, state, and ZIP code) 810 clay Street Oakland CA 94607 13e Fax No. 13f. F-Mail Address 13d Cell No. 13c. Tel No. dlucido@IFPTE20.org 510 238 8320 510 238 8324 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Nick Steinmeier Sr. Union Representative July 24, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE				
Case No.	32-RC-224297	Date Filed	07/24/2018	

RUPE	IIIION			2 NO 2211		0.	1/27	/2010
INSTRUCTIONS: Unless e-Filed us in which the employer concerned								
of service showing service on the (Form NLRB-505); and (3) Descrip	tion of Representation	Case Procedu	res (Form NL					
with the NLRB and should <u>not</u> be	served on the employe	er or any other	party.					
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of requests that the National Labor Rela	lesires to be certified as repr	resentative of the	employees. The	Petitioner alleges	that the following	circumst	ances ex	
2a. Name of Employer Good Samaritan Hospital	•	2b. Address(es)	of Establishmen	t(s) involved (Street Jose CA 9512	and number, city			
3a. Employer Representative - Name and	d Title			s 2b - state same)				
Sam Romano-Corporate Director of Er		E21014-1217-042		\$\$\delta\$				
3c. Tel. No.	3d. Cell No.	3e. Fax	No.		3f. E-Mail Addr	ess		
(408) 559-2426		272 - 2110 4 - 22			samuel.ron	nano@h	cahea	Ithcare.com
4a. Type of Establishment (Factory, mine, 1) Hospital/Healthcare		cipal product or se Services	rvice		5a. City a		here unit	is located:
5b. Description of Unit Involved Included: All Full and Part-Time	Social Workers, Se	ocial Worker	Ils and Lea	d Social Work	ers	6a. No. of 13	Employe	es in Unit:
Excluded: Directors, Manage	ers, Supervisors	- all other	classificat	ions/employ	/ees	or more) o	of the empto be repr	al number (30% ployees in the resented by the
Check One: 7a. Request for re	ecognition as Bargaining Re			a	and Employer deci			
7h Petitioner is o	(Date) (If no reply currently recognized as Barg			certification under th	ne Act			
8a. Name of Recognized or Certified Bar NONE			8b. Address	ocidioatori brigor b	107101.			
8c. Tel No.	8d Cell No.	8e. Fax	No.	8f. E-Mail Address				
8g. Affiliation, if any		8h. Date				cpiration Date of Current or Most Recent ract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the E	molover's establishment(s)	involved?	If en approx	rimately how many	amployees are no	ticinatina?		
			THE STATE OF THE S			ucipating.		
 Organizations or individuals other than known to have a representative interest in NONE 					presentatives and	other orga	nizations	and individuals
10a. Name	10b. Address			10c. Tel. No.		10d. Cel	No.	
					~			
			Alle Control of the C	10e. Fax No.		10f. E-M	ail Addre	SS
 Election Details: If the NLRB conduct any such election. 		319-15	with respect to	11a. Election Typ		Mail	~>	Manual/Mail
11b. Election Date(s): August 16, 2018	11c. Election Tim 8-9AM; 12-1PM	Control of the Contro		11d. Election Loc Hospital Room F		Office	<u></u>	7
12a. Full Name of Petitloner (including la Engineers and Scientists of Califor	ocal name and number)			12b. Address (str. 810 Clay Street,	eet and number, o	ity, state, a		
12c. Full name of national or international la		etitioner is an affili	ate or constituer		Oaklaild CA 34	1001	0.2	70 T
International Federation of Professiona				.,,,		Z.	5	m:
12d. Tel No.					12g. E-Mail Ad		and the s	<u>a</u> >.
510 238 8320 13. Representative of the Petitioner who	415 279 9950	510 23		antation proposali	nsteinmeier@		g	0
13a. Name and Title Danielle Luc	The Production of the September of the Control of the Control	sel 13b. Ad	idress (street an	d number, city, state		7.		
13c. Tel No.	13d. Cell No.	13e. Fa		TOO!	13f. E-Mail Add		<u>ට</u>	
510 238 8320 I declare that I have read the above petit	ion and that the statement	510 230 ts are true to the		viedge and belief.	dlucido@ifpte	zu.org		
Name (Print) Si Nick Steinmeier	gnaxue	Title Sr. Unio	on Representa	tive	Date 7-24-18			1-1.60

ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMENTS

PRIVACY ACT STATEMENT

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed		
32-RC-224467	07/26/2018		

								-,
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be accor named in the petition of:	mpanied b	y both a showing of inte tition; (2) Statement of F	rest (see 6) Position fon	below) and m (Form NLI	l a certificate RB-505); and	e of service showing servi I (3) Description of Repres	ce on entation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratery	ioner desires to be certified	as represe d under it	entative of the employees. s proper authority pursu	The Petitio	ner alleges ion 9 of the	that the follo National Lat	owing circumstances exist for Relations Act.	
2a. Name of Employer:		2b. Add	dress(es) of Establishment	(s) involved	(Street and r	umber, City,	State, ZIP code):	
EP MINERALS - FER NLE	EY PLANT	-80 EAST, EX/T 6				70 CO -		
3a. Employer Representative - Nar	ne and Title:	3b. Add	iress (if same as 2b - state	same):			* = ;	5 D:
JEFF FINK PLANT N	IGR	1-8	10 FAST, EXIT 65	FALLON	1 NV 89	406	Z 26	<u> </u>
3c. Tel. No. 775 824 7600	3d. Cell No.		3e, Fax No.		3f, E-Mail A	ddress	75 R	2
4a. Type of Establishment (Factory,	mine, wholesaler, etc.)		4b. Principal Product or	Service		PROPERTY OF STREET	State where unit is located	l: 5
	4710NS		AGGREGATES				VLEY INV -	NEW COLUMN
5b. Description of Unit Involved: Included: ALL FULL TIME AN LOCATED AT I-80 EAST EXIT Excluded: ALL OTHER EMPLY	EES , DEPARTMENTS ,	OFFICE				~ 2 7 6b. Do a su	r of Employees in Unit: bstantial number (30% or maniployees in the unit wish to	
Check One: 7a. Request for rec	cognition as Bargaining Rep	presentativ		NA	and	represe	nted by the Petitioner?	
on or about (Date)	rrently recognized as Barga		eceived, so state). resentative and desires ce	rtification un	der the Act.			
8a. Name of Recognized or Certific					der ute / tea			
HONE				NA				
8c. Tel. No.	8d. Cell No.		8e. Fax No.		8f. E-Mail A		VA	
8g. Affiliation, if any:		8	h. Date of Recognition or 0	Certification			rrent or Most (Month, Day, Year) ~A	
9. Is there now a strike or picketing a	t the Employer's establishing	nent(s) inv		, approxima	tely how mar	y employees	are participating?	A
(Name of Labor Organization)	NA			interes en conscis	has picketed	the Employe	er since (Month, Day, Year)	NA
10. Organizations or individuals othe individuals known to have a representation							s and other organizations a	
10a. Name	10b. Address				10c, Tel, No). I	10d, Cell No.	
		0.97021				V A-	NA	
NA		NA			10e. Fax No. ∾↑		10f. E-Mail Address	
11. Election Details: If the NLRB co	enducts and election in this	matter, sta	te your position with respe	ect to any su	ch election:		n Type: I ☐ Mail ☐ Mixed Ma	anual/Mail
11b. Election Date(s):	11c. Election	Time(s):			11d. Election	n Location(s):	
8/09/2018	6 Am	-8 A M	AND 3 PM - 5 PM		Empl	DYEE LA	NCH ROOM	
12a. Full Name of Petitioner (include INTERNATIONAL BROTHERH	ood of Bollermaker	s , IRON	(33 3	NA CONTRACTOR AND	number, city		the resource of the con-	
SHIP BUILDERS , BLACKSMITH		- Indiana					weeks the second	
12c. Full name of national or interna-	tional labor organization of	which Peti	tioner is an affiliate or cons	stituent (if no	ne, so state)		• Control In	
12d. Tel. No.	100D OF BUILD MAK	ERS, IR	12f. Fax No.	BLACKSMIT	12g. E-Mail		ERS AFL-CIO	
913 371 2640	NA			708	The second secon		2MAKERS.ORG	
13. Representative of the Petitions	er who will accept service	of all pap						3737
13a. Name and Title: STEVE ADAIR - DRYAN	12ER		13b. Address (street and 389 4As T WAS				46 970	
13c. Tel. No.	13d. Cell No. 765 449 7	1817	13e. Fax No.		13f. E-Mail	Address	RMAKERS. DR4	
I declare that I have read the abov	-0000	MED 24	re true to the best of my	knowledge		- 60166	- DRG	
Name (Print)	Signat		1 //	Tit			Da	ate
STEVE ADAIR	187		(bolo	>	OF4AN1Z	PR	7.	125 /2018

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
32-RC-225482	8/13/2018			

RCPE	HOILLE			32-1	RC-225482		3/13/2018
INSTRUCTIONS: Unless e-Filed to in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Described the NLRB and should not be 1. PURPOSE OF THIS PETITION: RC-C	is located. The eemployer and ption of Repres eserved on the	e petition r all other p entation Ca employer o	must be acc arties name ase Procedu or any other	ompanied by of the companied by of the companies of the c	both a showing o on of: (1) the peti RB 4812). The sl	f interest (se tion; (2) State nowing of in	ee 6b below) and a certificate ement of Position form terest should only be filed
bargaining by Petitioner and Petitioner requests that the National Labor Re	desires to be certif	ied as represe ceed under it	entative of the s	employees. The ority pursuant to	Petitioner alleges the Section 9 of the Na	at the followin	g circumstances exist and telations Act.
2a. Name of Employer IAP Worldwide Services, Inc.					it(s) involved <i>(Street a</i> d Base, 5168 E.		v, State, ZIP code) e, Fresno CA 93727
3a. Employer Representative – Name a Steve Oldham, Site Manager	nd Title		3b. Ac same	ddress (If same as	s 2b – state same)	-200	
3c. Tel. No. (559) 347-5669	3d. Cell No. (559)709-31	68	3e. Fa	x No.		3f. E-Mail Add steven.old	lress nam@iapws.com
4a. Type of Establishment (Factory, mine Government Support	, wholesaler, etc.)		al product or se Maintenance			5a. City Fresno	and State where unit is located:
5b. Description of Unit Involved Included: All full time and regular p	art-time Aircraft I	Mechanic 1,	Aircraft Mec	hanic 2, Aircraf	t Mechanic 3 and L	ead Aircraft	6a. No. of Employees in Unit: 18
Mechanics employed by Excluded: All others.							6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
7b. Petitioner is	(Date) currently recognize	(If no reply readed as Bargaini	ceived, so state ing Representa	e). ative and desires	By petition an certification under the		lined recognition on or about
8a. Name of Recognized or Certified B	argaining Agent (//	none, so sta	ate).	8b. Address			
8c. Tel No. (559) 347-5669	8d Cell No.			8e. Fax No. 8f. E-Ma steven.o			n@iapws.com
8g. Affiliation, if any			8h, Date				Date of Current or Most Recent y (Month, Day, Year)
Is there now a strike or picketing at the (Name of labor organization)		, has	s picketed the	Employer since (i	Month, Day, Year)		
 Organizations or individuals other tha known to have a representative interest in 						resentatives an	d other organizations and individuals
10a. Name	10b. Ad	dress		×	10c Tel No.		10d. Cell No.
					10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conductions any such election. 	cts an election in thi	s matter, state	e your position	with respect to	11a. Election Type	Manual	MailMixed Manual/Mail
11b. Election Date(s): Ballots Mailed August 24, 2018 and counted on Septer		ection Time(s	5):		11d. Election Local	ion(s):	
					12b. Address (street and number, city, state, and ZIP code) 0 5726 E. Shields Ave., Fresno, CA 93727		
12c. Full name of national or international International Association of Machinists				iate or constituen	t (if none, so state)		
12d. Tel No. 559-264-2815	12e. Cell No. 12					12g. E-Mail Ad jsolis@iamaw	
13. Representative of the Petitioner wh							
13a. Name and Title Caren P. S	No.	orney	Weinber	g, Roger & Rosenfe	d number, city, state, eld, 1001 Marina Village I	Parkway, Suite 20	
13c, Tel No. 510-337-1001	13d. Cell No.		13e. Fa 510-33			13f, E-Mail Ad csencer@uniono	dress counsel.net nlrbnotices@unioncounsel.net
I declare that I have read the above pet		statements a		best of my know	rledge and belief.		
Name (Print) S Caren P. Sencer	ignature		Title Attorne	v		Date August 13	2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
32 RC 226665	08/31/2018			

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nlrb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

(Form NLRB-505); and (3) Descript				RB 4812). The sho	wing of inte	erest should only be filed
with the NLRB and should not be s 1. PURPOSE OF THIS PETITION: RC-CEI	RTIFICATION OF RE	PRESENTAT	IVE - A substantial number			
bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.						
2a. Name of Employer Healthcare Services Group, Inc.	ddress(es) of Establishmen M Street, Merced, C	t(s) involved (Street and				
3a. Employer Representative – Name and Ian Hanley, Director of Operation			3b. Address (If same as 5199 E. Pacific Co		52N Long	Beach CA 90804
3c. Tel. No.	3d. Cell No.		3e. Fax No.		f. E-Mail Addr	
Contract of Special Contract C	(408)314-6935		800-884-2769		n.hanley@	hcsgcorp.com
4a. Type of Establishment (Factory, mine, w Skilled Nursing Facility	and the same of th	Annual Control of the Control of the Control	oduct or service Dietary, Janitorial, Housekee	eping, and Laundry service	and the second second	and State where unit is located: , California
5b. Description of Unit Involved		5 50		N MARKET N		6a. No. of Employees in Unit:
Included: Cooks, Dietary Aides, D			sekeepers, and Laun	dry Aides employe	d by the	13
Employer at 3169 M Str Excluded: All other employees at the wo supervisors as defined by the	orksite, including ma		agers in training, account	managers, guards, and	i	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
None	(Date) (If no	o reply receive	ative was made on (Date) { ed, so state). Representative and desires		150 5	ined recognition on or about
8a. Name of Recognized or Certified Barg None				certification under the A	ot.	
8c. Tel No.	8d Cell No.		8e. Fax No.	8	f. E-Mail Addr	ess
8g. Affiliation, if any			8h. Date of Recognition or			ate of Current or Most Recent (Month, Day, Year)
Is there now a strike or picketing at the Er (Name of labor organization)						
10. Organizations or individuals other than F known to have a representative interest in a None	etitioner and those n	amed in items	8 and 9, which have claim	ed recognition as repres		
10a. Name	10b. Addres	S		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conducts any such election. 	an election in this ma	atter, state you	ur position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
11b. Election Date(s): September 12, 2018	11c. Election	on Time(s):		11d. Election Location(s): Facility - Break room or dining room		
12a. Full Name of Petitioner (including lo Service Employees International Union, L		er)		12b. Address (street and number, city, state, and ZIP code) 2910 Beverly Blvd., Los Angeles, CA 90057		
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union						
12d. Tel No. 213-985-1505	12e. Cell No.		12f. Fax No. 213-422-6038	12g. E-Mail A		dress
13. Representative of the Petitioner who	will accept service of	of all papers f	or purposes of the repres	entation proceeding.		
13a. Name and Title Manuel A. Boigues, Attorney for Union 13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501						
13c. Tel No. 510-337-1001	13d. Cell No.		13e. Fax No. 510-337-1023		3f. E-Mail Add boigues@un	dress ioncounsel.net
I declare that I have read the above petition	on and that the state	ements are tr	ue to the best of my know			
Name (Print) Manuel A. Boigues	pature A &	chaves	Fitle Attorney for Union		Date August 31,	2018

Altorney for Union August 31, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
32-RC-226757	09/04/2018			

12g. E-Mail Address

dbrewer@iam725.org

13f. E-Mail Address

nlrbnotices@unioncounsel.net, ccohen@unioncounsel.net

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Pelitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Engility Holding Inc. Naval Air Station Lemoore, CA 93245 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Jennifer Rubin, Talent Acquisition/Keith Hulbert, Supervisor 3750 Centerview Drive, Chantilly, VA 20151/same 3d, Cell No. 3f. E-Mail Address (703) 984-4875/(904) 213-7787 Jennifer.Rubin@Engility.com/Keith.Hulbert@Engility.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Military Contractor Military Support Lemoore, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All mechanics and helpers. 6b. Do a substantial number (30% Excluded: All others. or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Pelitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10h Address 10c Tel No 10d Cell No. 10a Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): Thursday, September 20, 2018 1:00 p.m. - 3:00 p.m. NAS Lemoore, Bldg. 3503 B 12b. Address (street and number, city, state, and ZIP code) 2749 Sunrise Boulevard, Rancho Cordova, CA 95742 12a. Full Name of Petitioner (including local name and number) International Association of Machinists and Aerospace Workers, District Lodge 725

Name (Print)
Caroline N. Cohen

Title
Attorney

Title
Attorney

Date
September 4, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief

12e. Cell No

13d. Cell No.

(916) 200-9151

International Association of Machinists and Aerospace Workers, AFL-CIO

13a. Name and Title Caroline N. Cohen, Attorney

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

12f. Fax No.

13e. Fax No.

510-337-1023

(916) 635-0586

13b. Address (street and number, city, state, and ZIP code)

Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

12d. Tel No.

13c. Tel No.

510-337-1001

(916) 635-4710

Case No. Date Filed 09/05/2018

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Genesis HealthCare D/B/A Willow Creek Healthcare Center | 650 West Alluvial Avenue, Clovis, CA 93611 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Vivian Del Toro, Administrator Same 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (559) 323-6200 (559) 323-7737 vivian.deltoro@genesishcc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Skilled Nursing Facility Health care Clovis, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Full-time and regular part-time Certified Nursing Assistants (CNAs), Restorative Nursing Assistants (RNAs), Activities 71 Assistants, Medical Records Assistants, and Social Services Assistants employed by the Employer at its facility in Clovis, CA. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, including Administrator, Assistant Administrator, Director of Nursing; Director of Staff Development; Assistant Staff Development; Registered Nurses; Licensed Vocational Nurses; Activities Director; Medical Records Director; Social Services Director; MDS employees; Admissions employees; HR/Payroll employees; Marketing employees; Business Office employees; Receptionists; Maintenance/Housekeeping employees; Laundry employees; Dietary employees; managers, guards, and supervisors as defined by the Act. unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) 9/5/2018 (Date) (If no reply received, so state) No reply Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8d Cell No. 8c. Tel No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): September 19, 2018 6:30am-7:30am and 2:30pm-3:30pm The Library in the Employer's facility 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Service Employees International Union, Local 2015 2910 Beverly Blvd., Los Angeles, CA 90057 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union 12e. Cell No. 12d Tel No. 12f. Fax No. 12g. E-Mail Address 213-985-1505 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Manuel A. Boigues, Attorney for Union 13b. Address (street and number, city, state, and ZIP code) 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 510-337-1001 510-337-1023 mboigues@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Attorney for Union Manuel A. Boiques September 5, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
32-RC-226896	9/6/2018			

September 6, 2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Pelitioner and Pelitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Volvo Cars of Walnut Creek 2791 No. Main Street, Walnut Creek, CA 94597 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Casey Turner, General Mgr/Gaylen Lichtchenstein, attorney same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 866-826-6635 cturner@volvocarswc.com/glichtenstein@littler.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Automobile Dealership Automobile Sales and Service Walnut Creek, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All Technicians, Parts Department Employees, Detailers and Lot Department Employees 6b. Do a substantial number (30% Excluded: All others or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) By Petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e Fax No. 8f F-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Tuesday, October 2, 2018 12:00 p.m. - 1:00 p.m. Employer's Break Room 12a. Full Name of Petitioner (*including local name and number*)
Machinists Automotive Trades District Lodge No. 190, Machinists Local 1173 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12d Tel No 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 925-687-6421 925-685-4116 solder1546@sbcglobal.net 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Caroline N. Cohen, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 510-337-1001 510-337-1023 nlrbnotices@unioncounsel.net, ccohen@unioncounsel.net declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attorney

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Caroline N. Cohen

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
32-RC-226926	09/07/2018			

RCPI	ETITIO	N		32-	-RC-226926		09/07/2018		
INSTRUCTIONS: Unless e-Filed in which the employer concerne of service showing service on the (Form NLRB-505); and (3) Descrivith the NLRB and should not be	d is located. ne employer iption of Rep e served on	The petition mu and all other par presentation Cas the employer or	ist be acco ties named e Procedul any other	ompanied by I d in the petition res (Form NL) party.	both a showing or on of: (1) the petit RB 4812). The sh	f interest (se ion; (2) Stat lowing of in	ee 6b below) and a certificate ement of Position form terest should only be filed		
PURPOSE OF THIS PETITION: RC-bargaining by Petitioner and Petitioner requests that the National Labor Re-	r desires to be	certified as represent proceed under its p	tative of the e proper autho	mployees. The lority pursuant to	Petitioner alleges the Section 9 of the Na	at the followin tional Labor R	g circumstances exist and lelations Act.		
2a. Name of Employer AECOM (URS Federal Service:	s Inc.)				t(s) involved (Street a. n, 180 (Delta) R		r, State, ZIP code) ., Lemoore, CA 93246		
3a. Employer Representative – Name a Lester Jordan, Director, Labor					s 2b – state same) ng Dr., Ste. 306,	Newport N	ews, VA 33606-4278		
3c. Tel. No. 770-362-0978	3d. Cell N (301) 52		3e. Fax	No.		3f. E-Mail Add lester.jorda	lress n@aecom.com		
4a. Type of Establishment (Factory, mine Military Contractor	, wholesaler, e	4b. Principal Military Sup	production of the property of	rvice		5a. City Lemoo	and State where unit is located: ire, CA		
5b. Description of Unit Involved Included: All Mechanic I, Mechanic II, Mechanic II, Mechanic II, Mechanic II, Mechanic III, Mechanic I	chanic III, Supply	Technicians, Tools and	Parts Attendan	its, Technical Order	Librarians, and Aircraft	Logs and	6a. No. of Employees in Unit: 120+		
Excluded: All others.							6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No		
7b. Pelitioner is	(Days currently reco	ate) (If no reply receing a Bargaining	ived, so state Representat). tive and desires	By Petition and archet the		lined recognition on or about		
8a. Name of Recognized or Certified B	argaining Age	ent (If none, so state	9).	8b. Address					
8c. Tel No.	8d Cell No	o.	8e. Fax	No.	8f. E-Mail Address				
8g. Affiliation, if any			8h. Date	of Recognition or	Certification		Date of Current or Most Recent by (Month, Day, Year)		
Is there now a strike or picketing at the (Name of labor organization)		stablishment(s) involv , has p	VIVILLA DE LA CONTRACTOR DE LA CONTRACTO			ployees are pa	articipating?		
10. Organizations or individuals other that known to have a representative interest it						esentatives an	d other organizations and individuals		
10a. Name	10t	b. Address		10c. Tel. No.			10d. Cell No.		
					10e. Fax No.		10f. E-Mail Address		
 Election Details: If the NLRB condu any such election. 	icts an election	in this matter, state y	our position	with respect to	11a. Election Type:	✓ Manual	MailMixed Manual/Mail		
11b. Election Date(s): Thursday, September 27, 2018	0.0000	1c. Election Time(s): 00 a.m 11:00 p.m.				11d, Election Location(s): Employee Break Room			
12a. Full Name of Petitioner (including International Association of Machinists			Lodge 725		12b. Address (stree 2749 Sunrise Boule	t and number, evard, Ranch	city, state, and ZIP code) o Cordova, CA 95742		
12c. Full name of national or international International Association of Machinists				ate or constituen	t (if none, so state)				
12d. Tel No. 12f. Fax No. 12g.					12g. E-Mail Ao oiese@iam72				
13. Representative of the Petitioner wi									
13a. Name and Title David W. N			/ 13b. Ad Weinberg		d number, city, state, a ld 1001 Marina Village P), Alameda, CA 94501		
13c. Tel No. 510-337-1001	13d. Cell N	No.	13e. Fa 510-337			13f. E-Mail Ad nlrbnotices@unio	dress oncounsel.net,dfujimoto@unioncounsel.net		
I declare that I have read the above pe	tition and that	the statements are	true to the b	est of my know	ledge and belief.				
Name (Print) David W. M. Fujimoto, Attorney	Signature	3	Title Attorney	,		Date Septembe	r 7, 2018		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Armour-Globe Election Requested

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE Case No. 32-RC-226952 Date Filed 09/07/2018

NAT	10	NAL	LAB	OR	RE	ELA	ATH	ONS	BO	ARD
	R	C	P	F	T	1	T	10	N	

INSTRUCTIONS: Unless e-Filed									
in which the employer concern									
of service showing service on	the employer and	all other partie	es named in the	petitio	on of: (1) the petition	on; (2) State	ement of Po	sition fo	orm
(Form NLRB-505); and (3) Desc									
with the NLRB and should not									
1. PURPOSE OF THIS PETITION: RC	-CERTIFICATION OF	REPRESENTAT	IVF - A substantial	number	of employees wish to I	ne renresente	for nurnoses	of collecti	VA
bargaining by Petitioner and Petition	er desires to be certifi	ed as representat	ive of the employee:	s. The	Petitioner alleges tha	t the followin	g circumstant		
requests that the National Labor I	Relations Board proc							7.1	
2a. Name of Employer Pacific Gas & Electric Co.					t(s) involved (Street an	a number, city	, State, ZIP co	ae)	
		77 Bear	e St, San Francisco, C			9-450	0.000		
3a. Employer Representative – Name Stacy Campos, Lead Counsel	and little		3b. Address (If s		s 2b – state same) CA 94105				
3c. Tel. No.	3d. Cell No.		3e. Fax No.			3f. E-Mail Add	ress		
415-973-5357					s	ACH@pge.com			
4a. Type of Establishment (Factory, min	ne. wholesaler. etc.)	4b. Principal pro	duct or service			5a. City	and State when	re unit is i	located:
Utility		Electric and gas util				17732.5235.5255.5	Northern Californ		0.000000000000000000000000000000000000
5b. Description of Unit Involved							6a. No. of En	-	in Unit:
All full-time and regular part-time	ne Field Safety Specialist	s and Senior Field Sa	afety Specialists employ	yed by the	e Employer in its Corporate	Safety	30	ipioyees	in Onic.
Operations department.							6b. Do a sub	stantial n	umber (30%
Safety Specialists and Senior S Execution - Contracts, Credit F	Safety Specialists in the fo	ollowing departments	Contact Center Opera	ations, Pu	iblic Safety & Awareness, f	Project	or more) of th	ne employ	yees in the
ISS Support, and Decon Proje	ct. Employees already rep	presented by a labor	organization; all other e	employee	s, office clerical employees	s, security	unit wish to b	- Innerental	
guards and officers, and Super	visors as defined in the A	ict.				CHANGE CONTRACTOR	Petitioner?	Yes ✓	No
Check One: / 7a. Request f	or recognition as Barg	jaining Represent	ative was made on ((Date) o	9/07/2018 and	Employer dec	lined recognition	n on or a	bout
no reply	(Date)	(If no reply receive	ed, so state).						
7b. Petitioner	is currently recognize	ed as Bargaining F	Representative and o	desires	certification under the A	Act.			
8a. Name of Recognized or Certified None.	Bargaining Agent (I	f none, so state).	8b. Add	dress					
8c. Tel No.	8d Cell No. 8e. Fax No.					8f. E-Mail Address			
8g. Affiliation, if any							n Date of Current or Most Recent any (Month, Day, Year)		
9. Is there now a strike or picketing at the	ne Employer's establis	hment(s) involved	12 No. If so.	annrov	imately how many emr	lovees are na	rticinating?		
90000-0						noyees are pa	morpating:		_
(Name of labor organization)		, has pic	keted the Employer	since (I	Month, Day, Year)		EUR VIRGIN		· ·
 Organizations or individuals other the known to have a representative interest 						sentatives and	d other organiz	ations an	d individuals
None.	1 405 44	dua			400 Tol No.		I dod Call N		
10a. Name	10b. Add	aress			10c. Tel. No.		10d. Cell No.		
None.					10e. Fax No.		10f. E-Mail	Address	
11. Election Details: If the NLRB cond any such election.	fucts an election in thi	s matter, state you	ur position with resp	ect to	11a. Election Type:	Manual	✓ Mail _	Mixed Ma	nual/Mail
11b. Election Date(s):	11c. E	ection Time(s):	11-10-04-11		11d. Election Location	n(s):			
Ballots out 10/01/2018; Vote count 10/16/2018		vote count			Vote count at Region 32 office in Oakland, CA				
12a. Full Name of Petitioner (including International Brotherhood of Electrical Workers		umber)			12b. Address (street 30 Orange Tree Circle, V	and number, acaville, CA 956	city, state, and	ZIP-code) =
12c. Full name of national or internation International Brotherhood of Electrical Workers		of which Petitioner	r is an affiliate or cor	nstituen	t (if none, so state)		X	- F	केहर
12d. Tel No.	12e. Cell No.		12f. Fax No.			12g. E-Mail Ad	dress	1	2011
707-452-2700	916-439-9937		707-452-2701			18@ibew1245.c		-	m
13. Representative of the Petitioner		ce of all papers f		repres			6	- Miles	9.3
13a. Name and Title Rick Thompson, Org			13b. Address (st	reet and	d number, city, state, a	nd ZIP code)	9	PH	8 8 8
12a Tol No	12d Call No	-	30 Orange Tree Cir	cie, vaca		194 E Mail A d	D	**	w
13c. Tel No. 916-439-9937	13d. Cell No. 916-439-9937		13e. Fax No. 707-452-2701		34130	13f. E-Mail Ad 18@ibew1245.c		ယ	U.
I declare that I have read the above p		statements are tr		y know		1245.C	VIII	5	
Name (Print)	Signature,	20	Title	3		Data			
Rick Thompson	Organizer			09/07/2018	Date 09/07/2018				

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

DO NOT WRITE IN THIS SPACE							
Case No. 32-RC-227309	Date Filed 09/13/2018						

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZiP code) 2a. Name of Employer Volvo Cars of Walnut Creek 2791 No. Main Street, Walnut Creek, CA 94597 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Casey Turner, General Mgr/Gaylen Lichtchenstein, attorney same 3c. Tel. No. 3d, Cell No. 3f. E-Mail Address 3e. Fax No. 866-826-6635 cturner@volvocarswc.com/glichtenstein@littler.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Automobile Dealership Automobile Sales and Service Walnut Creek, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All Technicians, Parts Department Employees, Detailers and Lot Department Employees 6b. Do a substantial number (30% Excluded: All others or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) Rv Petition and Employer declined recognition on or about Check One: (Date) (If no reply received, so state) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s): Thursday, October 11, 2018 12:00 p.m. - 1:00 p.m. Employer's Break Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) See Attachment A 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address See Attachment A See Attachment A See Attachment A 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title David W.M. Fujimoto, Attorney 13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 510-337-1001 510-337-1023 nirbnotices@unioncounsel.net, dfujimoto@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Signature Date David W.M. Fujimoto Attorney September 12, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

ATTACHMENT A TO JOINT RC PETITION

Volvo Cars of Walnut Creek

12a. Full Name of Petitioner Automotive Machinists Lodge No. 1173

12b. Address 1900 Bates Avenue, Suite H Concord, CA 94520-1239

12c. Full name National or International labor organization of which petitioner is affiliate

Machinists Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No.	12e. Cell	12f. Fax No.:	12g. E-Mail Address
(925) 687-6421	(510)409-5849	((925) 685-4116	solder1546@sbcglobal.net

12a. Full Name of Petitioner Teamsters Union Local No. 315

12b. Address 2727 Alhambra Avenue Martinez, CA 94553

12c. Full name National or International labor organization of which petitioner is affiliate

International Brotherhood of Teamsters

12d. Tel No.	12e. Cell	12f. Fax No.:	12g. E-Mail Address
(925) 228-2246	(707) 333-8006	(925) 228-1612	dgarcia@teamsters315.com

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.

32-RC-227354

DO NOT WRITE IN THIS SPACE

Date Filed 09/14/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

Case Procedures (Form NLRB 48											
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petiti requests that the National Laboratory	tioner desires	s to be certified a	as represer	ntative of t	he employees. The I	Petitioner allege	s that the fo	llowing circumstances			
2a. Name of Employer:			2b. Addr	ess(es) of	Establishment(s) inv	volved (Street and	number, Cit	ty, State, ZIP code):			
Specialty Sales, LLC			4672]	2 East Drummond Ave., Fresno, CA 93725							
3a. Employer Representative - Nar	me and Title:		3b. Addr	ess (if san	ne as 2b - state same	e):					
Don Alsup, President											
3c. Tel. No.	3d. Cell No),	1	3e. Fax N	0.	3f. E-Mail	Address				
559-281-0003						don@s	pecialtys	salesllc.com			
4a. Type of Establishment (Factory,	mine, whole:	saler, etc.)	- 1		oal Product or Service			and State where unit is lo	cated:		
Factory				Chemi	cals		Fresno,	CA			
5b. Description of Unit Involved: Included: All employees employed Excluded:	by Empl	oyer at 4672	2 East I	Orumm	ond Ave.		11	per of Employees in Unit.			
All managers, supervisors	s, and gua	ards as defin	ned by 1	the Act			of the	substantial number (30% employees in the unit w sented by the Petitioner?	ish to be		
Check One: 7a. Request for reconn or about (Date)	ognition as I		esentative no reply red			a	nd Employer	declined recognition			
☐ 7b. Petitioner is cu	rrently recog	nized as Bargair	ning Repre	sentative :		tion under the Act					
8a. Name of Recognized or Certific	ad Bargainir	ng Agent (If non	e, so state	8b. A	ddress:						
None.											
8c. Tel. No.	8d. Cell No			8e. Fax No. 8f. E-Ma			Address				
8g. Affiliation, if any:			8h.					on Date of Current or Most ntract, if any (Month, Day, Year)			
9. Is there now a strike or picketing a	t the Employ	er's establishme	ent(s) invol	ved?	If so, appr	oximately how ma	any employe	es are participating?			
(Name of Labor Organization)					i i	, has pickete	d the Emplo	yer since (Month, Day, Y	'ear)		
Organizations or individuals othe individuals known to have a representation.	r than Petitio esentative in	ner and those na terest in any emp	amed in ite ployees in	ems 8 and the unit de	9, which have claime escribed in item 5b at	ed recognition as	renresentativ				
10a. Name		10b. Address				1.0 -		T			
Tod. Name		Tob. Address				10c. Tel. N	10.	10d. Cell No.			
						10e. Fax f		10f. E-Mail Address			
11. Election Details: If the NLRB co	nducts and e	election in this ma	atter, state	your posi	tion with respect to a	iny such election:			d Manual/Mail		
11b. Election Date(s):		11c. Election Tir	me(s):			11d. Elect	on Location	The second secon	o manaan man		
9/27/2018		5:00 pm - 6	5:30 pm			Employ	er's faci	er's facility			
12a. Full Name of Petitioner (includ Teamsters Local 431	ing local nan	ne and number):			12b. Address (stree	et and number, cit	y, State and	ZIP code):			
					1140 W. Oliv			93728			
12c. Full name of national or internati	onal labor or	rganization of wh	nich Petitio	ner is an a	affiliate or constituent	t (if none, so state):				
International Brotherhood											
(559) 486-5410	2d. Tel. No. 12e. Cell No. 550) 486 5410						E-Mail Address				
13. Representative of the Petitione	r who will a	ccent service o	f all nanor	e for num	once of the service	teamste	rs431(a)s	sbcglobal.net			
13a. Name and Title: Peter McEntee			1	13b. Addre	ess (street and numb vitol Mall, Suite	er, city, State and	ZIP code):	95814			
13c. Tel. No.	13d. Cell No	D.	1	13e. Fax N	lo.	13f. E-Mai	Address				
(916) 325-2100			0 ((916) 3:	25-2120	pmcent	ee@bees	ontayer.com			
I declare that I have read the above Name (Print)	petition an	d that the state	ments are	true to th	ne best of my know	ledge and belief.		J			
Peter McEntee		Signature	011	De	1	Title			Date		
I CICI IVICISMICE		1/	VA	()		Attorney			09/14/18		

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 32-RC-229747 Date Filed 10/23/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): U.S. Foods, Inc. 300 Lawrence Drive Livermore, CA 94551 (Hub + other yards in Northern California) 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Bill Yray, Transportation Manager Same. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (925) 606-1919 bill.yray@usfoods.com 4a. Type of Establishment (Factory, mine, wholesaler. etc.) 4b. Principal Product or Service 5a. City and State where unit is located: yard food distribution various locations in Northern CA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 245 See attached. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) by petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None. 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_{O} If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None. 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type. ☐ Manual ☐ Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): mailed on 11/6/18 N/A (mail ballot) N/A (mail ballot) 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 7750 Pardee Lane Teamsters Local 853 Oakland CA, 94621 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (510) 895-8853 (510) 895-6853 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Susan K. Garea, Attorney Beeson, Tayer & Bodine 483 Ninth Street, Oakland, CA 94607 13c. Tel. No. 13d, Cell No. 13e, Fax No. 13f. E-Mail Address (510) 625-9700 (510) 625-8275 sgarea@beesontayer.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Susan K. Garea 10/23/18 Attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

ATTACHMENT TO RC PETITION

Section 5b. Description of Unit Involved:

Included: All full-time and regular part-time drivers and hostlers employed by U.S. Foods, Inc. in Northern California, including at the Livermore hub and other Northern California locations of Anderson, Chico, Sacramento, Cloverdale, Santa Rosa, Fresno, Gilroy, San Jose, Oakdale, Richmond, Fairfield, Ceres and Auburn.

Excluded: All other employees and supervisors.



Date Filed: 10/23/2018